

FILED

JAN 31 2008
 U.S. DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA
 RICHARD W. WIEKING
 CLERK

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT

Name Bloodsaw Theopric K.
 (Last) (First) (Initial)

Prisoner Number N/A

Institutional Address PBSP, ASU-EI, P.O. Box 7500
Crescent City, CA 95332

**UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA**

Bloodsaw Theopric
 (Enter the full name of plaintiff in this action.)

et al **CV**

vs.

Woodford J.S.

Foss M.

Roberts S.

Melton D.
 (Enter the full name of the defendant(s) in this action.)

08 0742
 (To be provided by the Clerk of Court)

**COMPLAINT UNDER THE
 CIVIL RIGHTS ACT,
 Title 42 U.S.C § 1983**

(PR)

E-filing

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies.

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement PBSP

B. Is there a grievance procedure in this institution?

YES (✓) NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (✓) NO ()

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

OS-762-JF

1. Informal appeal Denied second level review
for malice reasons third level was de-
nied for the same reason malice they
2. First formal level have failed to meet jurisdic
tion requirements. Supreme Court
Reports 88 LAW. ED. Oct. 1943 TERM
3. Second formal level U.S. 320 (pp. 219 to end) U.S.
321-322 III Particular circumstan
ce under which exhaustion of state
4. Third formal level remedies is or is not ne
cessary.

CV-00752-JF-550

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (☒) NO ()

F. If you did not present your claim for review through the grievance procedure, explain why.

II. Parties.

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

Bloodsaw Theopric, PBSP, ASU-EL, P.O. Box
7500, Crescent City, CA. 95532

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

Woodford J.S., Warden, San Quentin;

1 Foss M., Captain, PBSP; Roberts S., Tea-
 2 cher, PBSP; Melton D., Correctional Cou-
 3 nseleor I, PBSP;

4
 5 III. Statement of Claim.

6 State here as briefly as possible the facts of your case. Be sure to describe how each
 7 defendant is involved and to include dates, when possible. Do not give any legal arguments or
 8 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a
 9 separate numbered paragraph.

10 Woodford J.S., Warden 12-22-99 U.S.C. Amendme
 11 nts I-IV-V-VIII-XIII-XIV Lack of Jurisdiction
 12 Over Subject Matter, Deprivation of Rights, Hara-
 13 ssment. Foss M., Captain 2-24-04 U.S.C. Ame
 14 ndments I-IV-V-VIII-XIII-XIV Lack of Jur
 15 isdiction Over Subject Matter, Deprivation of
 16 Rights, Harassment. Roberts S., Teacher 2-24
 17 04 U.S.C. Amendments I-IV-V-VIII-XIII-XIV
 18 Lack of Jurisdiction Over Subject Matter. Depr
 19 ivation of Rights, Harassment. Melton D., CCI 2-
 20 24-04 U.S.C. Amendments I-IV-V-VIII-XIII-XIV
 21 Lack of Jurisdiction Over Subject Matter, Deprive
 22 d of Rights, Harassment.

23 IV. Relief.

24 Your complaint cannot go forward unless you request specific relief. State briefly exactly
 25 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

26 I am asking the court for monetary just compe
 27 nsation for punitive and liability damages.
 28 I am asking the court for a permanent injunc

1 tion for procuring cruel and unusual punish -
2 ments. I am legally and medically entitle to s -
3 ingle cell housing my constitutional an civil
4 right have been violated.

5 I declare under penalty of perjury that the foregoing is true and correct.

6
7 Signed this 14 day of January, 20 08

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9 T. Bloodsaw

10 (Plaintiff's signature)

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PROOF OF SERVICE BY MAIL

(C.C.P. Section 101(a) # 2015.5, 28 U.S.C. 1746)

I, Bloodsaw Theopric am a resident of Pelican Bay State Prison, in the County of Del Norte, State of California. I am over eighteen (18) years of age and am a party to the below named action.

My Address is: P.O. Box 7500, Crescent City, CA 95531.

On the 14 day of Jan., in the year of 2008, I served the following documents: (set forth the exact title of documents served)

Civil Rights Complaint 42 U.S.C. 1983 and Exhibits

on the party(s) listed below by placing a true copy(s) of said document, enclosed in a sealed envelope(s) with postage thereon fully paid, in the United States mail, in a deposit box so provided at Pelican Bay State Prison, Crescent City, CA 95531 and addressed as follows:

U.S. District Court 94102
Northern Dist. of CA.
450 Golden Gate
Ave.
San Francisco, CA.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this 14 day of Jan., 2008.

Signed: T. Bloodsaw
(Declarant Signature)

EXHIBIT

A

STATE OF CALIFORNIA -DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814
P.O. Box 942883
Sacramento, CA 94283-0001



December 17, 2007

BLOODSAW, THEOPRIC, P20045
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95531-7000

RE: IAB# 0713564 STAFF COMPLAINTS

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

A handwritten signature in black ink, appearing to read "N. Grannis". The signature is fluid and cursive, written in a professional style.

N. GRANNIS, Chief
Inmate Appeals Branch

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

November 13, 2007

BLOODSAW, P20045
ASUE00000000001L

Log Number: PBSP-S-
(Note: Log numbers are not assigned to screen out appeals or informal level appeals.)

The enclosed documents are being returned to you for the following reasons:

You have submitted an appeal that duplicates a previous appeal upon which a decision has been rendered or is pending (CCR 3084.3(c)(2)).

DUPLICATE APPEAL REGARDING UNPROFESSIONAL CONDUCT AND UNNECESSARY FORCE DURING 4-12-07 INCIDENT. FF-07-0018, APPEAL # A-07-00975.


Appeals Coordinator
Pelican Bay State Prison

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE APPEAL FORM

CDC 802 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. **PBSP**

2. _____

1. _____

2. _____

Category **7/5**

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Bloodsaw Theopric	P20045	---	ASU-E1

A. Describe Problem: **Classification staff representative actions I am taking the privilege of asking you for jurisdiction requirements for my false imprisonment at PBSP according to the U.S.C. Amendments I-IV-V-VIII-XIII-XIV. You have unlawfully use fraudulent documents against me since my arrival at PBSP to deprive me of my privileges an benefits. Your CDC 128G's an CDC 115's are fraudulent an slanderous. You have falsely accused me of being a program failure and forced me in**

If you need more space, attach one additional sheet.

Resolution Requested: a BMU, you have made false statements that I was clear for double celling PBSP had no legal authority to accept me on my arrival. On 11-8-02 I was unlawfully arrested as a parole violator P.C. 5011. a parole warrant is P.C. 3056. their is no felony

Inmate/Parolee Signature: **T. Bloodsaw** Date Submitted: **11-13-07**

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: **Bypass - informal review not required**

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chronó, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

an CIO Northrup L. 4-12-07 approximately two weeks prior to that attack I was attacked by Sergeant Pepiot an CIO Holmes in cell B8-209 that attack was a favor for the Southern Hispanics an Blood gang members to move me to cell B8-101. 3000. Defini-

Signature: **T. Bloodsaw** Date Submitted: **11-13-07**

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

NOV 13 2007

16

CV-00752-JF-550



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Walter C., Appeals Coordinator your statements are false.
78 S.Ct. 1332, 357 U.S. 513 Speiser v. Randall (1958) 83 S.Ct. 17-
90, 374 U.S. 398 Sherbert v. Verner (1963) 90 S.Ct. 1011, 397 U.S.
254 Goldberg v. Kelly (1970) CV-00752-JF-550

Signature: *T. Blum* Date Submitted: *11-14-07*Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

92 S.Ct. 2593, 408 U.S. 471 Morrissey v. Brewer (1972) 41 Cal. Rptr.
590, 62 Cal. 2d 176 People v. Gallegos (1964) 87 S.Ct. 1737, 387 U.S.
541 See v. City of Seattle (1967) 3273. Acceptance and Surrender
of Custody. 3271. Responsibility of Employees. 72 S.Ct. 205,
342 U.S. 165 Rochin v. California (1952) 92 U.S. 275, 92 U.S. 275
Chy Lung v. Freeman (1875) 3075. Initial Intake. 3375. C.S.R.

Signature: *T. Blum* Date Submitted: *11-16-07*

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

0713564

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____☐ See Attached Letter

Date: _____

INMATE/PAROLEE

APPEAL FORM

CDC 502 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Bloodsaw Theopric	P20045	Z	ASU-E1

A. Describe Problem: complaint P.C. 872. endorsed against me on case No. VA053506. CDC No. P20045 is a fraudulent unlawful CDC No. legally an medically I'm entitled to single cell housing. On your CDC 128G's and CDC 115's you have justified your malice by saying there are no due process issues when you are in violation of the constitutions of the U.S. I am a disable person with permanent disabilities that I suffer from daily I was unlawfully attacked while in BMU by CIO Thom J., CIO Holmes T.

If you need more space, attach one additional sheet.

B. Action Requested: That the classification committee show jurisdiction requirements according to the U.S.C. Amendments if they can. I am asking them to grant me my single cell housing privileges an benefits that I'm entitled to Fed. R. 242 Deprivation etc.

Inmate/Parolee Signature: T. Bloodsaw

Date Submitted: 11-13-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: Bypass - informal review not required

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

tions. 3901.17.2. Criteria For Placement of Parole Hold. 3377.1. Inmate Custody Designations. 26 S.Ct. 282, 200 U.S. 321 U.S. v. Detroit Timber & Lumber Co. (1906) 43 Cal. Rptr. 898, 233 Cal. App. 2d 799 LeMere v. Goren (1965) 3084.7. Exceptions to the Regular etc.

Signature: T. Bloodsaw

Date Submitted: 11-13-07

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

CV-00752-JF-550



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Signature: _____ Title: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Supreme Court Reports 88 LAW. ED. Oct. 1943 TERM 26. S. 320 (pp. 219 to end) U.S. 321-322 III Particular circumstance under which exhaustion of state remedies is or is not necessary. 6 S. Ct. 734, 117 U.S. 241 Ex parte Royall (1886)

Signature: *T. Bloodman* Date Submitted: *11-14-07*

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

3075.1. Intake Processing. 3075.3. Discharge Certificates. 97 U.S. 652, 97 U.S. 652 Barney v. Dolph (1878) 9 S. Ct. 122, 128 U.S. 456 Cornelius v. Kessel (1888) 80 S. Ct. 412, 361 U.S. 516 Bates v. City of Little Rock (1960) 118 Cal. Rptr. 120, 43 Cal. App. 3d 809 Chambers v. Municipal Court (1974) 196 S. Ct. 1848, 425 U.S. 738 Hospital Bldg. Co. v. Trustees of Rex Hospital (1976) 308 S. Ct. 11-16-07

Signature: *T. Bloodman* Date Submitted: *11-16-07*

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

NO: P-20045

NAME: BLOODSAW, Theopric

HSG: A2-109L

Custody: CLO BS


CS: 87 (IV) C/C EFF 8/3/05

Assignment: U/A

RelDate: EPRD 12/24/19

Reclass: 6/2006

Action: AFFIX "S" SUFFIX; RETAIN C/C


entry

Inmate Bloodsaw appeared before PBSP FAC A UCC on this date for Program Review. Prior to Committee, D. Melton was assigned as staff assistant and was present during Committee. The staff assistant was assigned for the following reasons: CCCMS level of care, and S's current RGPL is 4.0 or less. Committee effectively communicated with S as noted: Short sentences using simple English. Committee noted S has an RGPL of 3.3. Effective communication was achieved, and S appeared to understand. This Program Review is being held for the two following reasons: (1) Review for "S" suffix placement; and (2) Address prior D1/D and/or C/C status. S was asked if he was willing to take a cellie and program, and S stated, "No." Committee noted S has no cellmate and the "S" custody suffix has not previously been applied. **Committee acts to affix the "S" suffix, due to S adamantly refusing to take a cellie and program.** S was advised that the "S" suffix can be taken off when he decides to program and adhere to CDC rules and regulations of double celling. Committee notes that ICC of 6/22/05, assigned S to WG/PG D1/D when placed in AD-SEG. Per memo of 9/17/04, any I/M who is placed in AD-SEG while on C/C status shall be assigned to WG/PG D2/D. This shall be assigned whether or not the move was adverse or non-adverse. **Committee acts to clear this error and make S D2/D effective 6/10/05 through 8/2/05, then C/C 8/3/05 until present UCC.** As S is adamantly refusing to program, **Committee acts to retain S on WG/PG C/C.** Committee further acts to continue custody level at CLO BS, with WG/PG C/C effective 8/3/05. S participated in Committee, acknowledged understanding, and agreed with Committee action, stating, "I refuse to take a cellie. I'm telling you straight up, I'm a Crip." S was advised of Committee's decision and his right to appeal, and that any appeal of this Committee action must be submitted within 15 working days of this date, whether he has received the CDC Form 128G Classification chrono or not. Next scheduled Committee will be in 6/2006, for Annual Review.


CHAIRPERSON: D. SWEARINGEN/FC(A)

S. WALCH/CCII(A)


RECORDER: M. THORNTON/CCICC: ☐ OBIS ☐ CSR ☐ IGI ☐ PSYCH ☐ MED ☐ C&PR ☐ OTHER _____
Committee Date: 10/18/05 (THORNTON/jw) Classification FAC-A UCC/REVIEW☒ 128-C2 in C-file
Inst: PBSP

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION
CDC 128G (Rev. 12/91)

NO: P-20045

NAME: BLOODSAW, Theopric

Housing: B8-209

Custody: CLO B

CS: 93 (IV)

C/C Eff. 07/14/04

Assignment: BMU

RelDate: EPRD 12/24/2019

Reclass: 01/03/07

Action: REAFFIRM PLACEMENT IN BMU FOR 90 DAYS.
RETAIN ON STEP# 1 OF ITP. CONTINUE
C/C EFFECTIVE 07/14/04. D/C CLEAR.

Inmate Bloodsaw appeared before PBSP FAC B Behavior Modification Unit (BMU) UCC on this date for Program Review. Committee notes CDC 128C, Madrid Exclusionary, dated 03/01/04, denoting no level of care. DDP Review: 128C-2 in Central File. Prior to Committee Correctional Officer Thom was assigned as a staff assistant and was present during Committee. The staff assistant was assigned for the following reason: S's current RGPL is 4.0 or less. Committee notes S has a RGPL of 3.3. Effective communication was achieved using short sentences and simple English and S appeared to understand. Committee notes that S has received disciplinarys dated 10/17/06, 11/14/06, 11/16/06, and 11/21/06, for Refusing to Attend BMU Classes. S additionally received a 128A dated 10/25/06 for Refusing to Accept a Cellie during this 30 day review. Placement score is a current Level IV score of 93 points. Mandatory minimum score of 19 is noted for VIO. S was advised to notify staff immediately of any enemy situation which may arise. S is approved for 270 design facilities. **Committee acts to reaffirm S in the BMU program for 90 days and retain on Step # 1 of Individual Treatment Plan (ITP) for 30 days based on S's nonparticipation in the required BMU classes and not remaining disciplinary free. Committee also acts to continue WG/PG C/C status effective 07/14/04, and continue at CLO B custody. S was reviewed and cleared for double ceiling.** S was advised of his ITP which includes the basic requirement that he remain disciplinary free for 90 days prior to any consideration for his release from BMU and his completion of the selected behavior modification assignments. S participated in Committee, acknowledged understanding and disagreed with Committee action, stating "What about my 602's. I will see you all in Court." UCC explained that his appeals were being processed and that he needed to follow the BMU program requirements to be released to the general population. S is eligible to work around computers, computer systems, or be in areas that may have access to personal information per PC 2702, PC 502, or PC 5071. PC 2933 and 2930 complied with. S was advised of Committee's decision and his right to appeal, and that any appeal of this Committee action must be submitted within 15 working days of this date, whether he has received the CDC form 128G, Classification chrono, or not. Next scheduled Committee will be on 01/03/07 for Program Review. Next scheduled Annual Committee will be in 06/2007.

CHAIRPERSON:  J. BELL/FC (A)

S. WALCH/CCII

S. ROBERTS/EDUCATION

 D. MELTON/CCI☐ OBIS ☐ CSR ☐ IGI ☐ PSYCH ☐ MED ☐ OTHER

Committee Date: 11/29/06

(MELTON/ew)

Classification

BMU/UCC

PROGRAM REVIEW

Inst: PBSP

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION
CDC 128G (Rev 12/91)

NO: P-20045

NAME: BLOODSAW, Theopric

BED/CELL: B8-209

Custody: CLO B

CS: 93 (IV)

C/C EFF: 07/14/04

Assignment: BMU

RelDate: EPRD 12/24/2019

Reclass: 01/31/07

Action: REAFFIRM BMU PLACEMENT. RETAIN STEP
1 OF ITP FOR 30 DAYS. CONTINUE
WG/PG C/C EFFECTIVE 07/14/04.
D/C CLEAR.

Inmate Bloodsaw appeared before PBSP FAC B Behavior Modification Unit (BMU) UCC on this date for 30 day Program Review. Committee notes CDC 128C, Madrid Exclusionary Chrono, dated 03/01/04, denoting no level of care. DDP Review: 128C-2 in Central File and is clear noting NCF. Committee notes S has RGPL of 3.3. Committee notes S has RGPL of 3.5. Prior to Committee Correctional Officer Thom was assigned as staff assistant and was present during Committee. The staff assistant was assigned for the following reason: S's current RGPL is 4.0 or less. Effective communication was achieved using short sentences and simple English, and S appeared to understand. S was advised to notify staff immediately of any enemy situation that may arise. Grooming standards and Pelican Bay State Prison (PBSP) BMU expectations were discussed. S can be housed with Black ethnic groups. Committee notes S is cleared for double celling per PBSP's current double celling criteria, although he refuses to accept a cellie. S is approved for 270' design facilities. Placement score is noted to be 93 Level IV points. Committee further notes S was initially placed into the BMU program on 09/21/06, based on: **S was deemed a program failure per the CCR, Title 15, Section, 3000.** Committee notes S has received RVR's dated 12/12/06, 12/15/06, 12/26/06, and 212/29/06, for Refusing to Participate in BMU classes during this 30 day period. S has failed to meet the necessary requirements of Step # 1; therefore, is not eligible to graduate to Step # 2. **Step # 1 Privileges** include, but are not limited to:

- ❖ WG/PG C/C status.
- ❖ Emergency telephone call only.
- ❖ One-quarter the monthly canteen draw allowance, not to exceed \$ 45.00.
- ❖ A minimum of 10 hours out-of-cell time per week, which includes, dayroom, workshops (ITP classes), and self-help group activities as limited by physical design and local institution security and facility needs.
- ❖ Non-contact visits, if eligible; and with approved visitors only.
- ❖ If the inmate meets the goals of the ITP he will graduate to step # 2.

Committee acts to reaffirm S's placement in the BMU program and retain Step # 1 of the Individual Treatment Plan (ITP) for approximately 30 days. Committee further acts to continue WG/PG C/C status effective 07/14/04, and continue at CLO B custody. S was reviewed and cleared for double celling, noting no history of in-cell violence. S participated in Committee, acknowledged understanding, and disagreed with Committee action, stating "I am nobody's child. I am 48 years old. I'm not going to the classes; I have a choice not to go!" S has been advised that he must remain disciplinary free and complete the selected behavior modification assignments as directed, prior to being considered for release from the BMU to the general population (GP). S's case will be reviewed by UCC, in approximately 30 days for future program modifications. S is eligible to work around computers, computer systems, or to be in areas that may have access to personal information, per PC 2702, PC 502, or PC 5071. PC 2933 and 2930 has been complied with. S was advised of Committee's decision and his right to appeal, and that any appeal of this Committee action must be submitted within 15 working days of this date, whether he has received the CDC form 128G, classification chrono, or not. Next scheduled 30 day Program Review will be on 01/31/07. Next scheduled Annual Review will be in 06/07.

CHAIRPERSON: J. ROBERTSON/FC (A)

J. BROWMAN/CCII (A)

S. ROBERTS/EDUCATION

RECORDER: D. MELTON/CCI

☐ OBIS ☐ CSR ☐ IGI ☐ PSYCH ☐ MED ☐ OTHER _____

Committee Date: 01/03/07

(MELTON/ew)

Classification

BMU/UCC

PROGRAM REVIEW

Inst: PBSP

CDCR#: P-20045

Custody: CLOB

Rel Date: EPRD 12/24/2019

NAME: BLOODSAW, Theopric

CS: 93 (IV)

C/C Eff. 07/14/04

Reclass: 02/27/07

Housing: B8-209L

Assignment: BMU STEP #1

Action: REAFFIRM BMU PLACEMENT
90 DAYS. RETAIN ON STEP #1
30 DAYS. CONTINUE WG/PG
C/C EFF. 07/14/04. D/C CLEAR

Inmate Bloodsaw refused to appear before PBSP FAC-B Behavior Modification Unit (BMU) UCC on this date for 30 Day Program Review. Committee notes CDC 128C, Madrid Exclusionary Chrono, dated 03/01/04, denoting no level of care. DDP Review: 128C-2 in Central File and is clear noting NCF. Committee notes S has an RGPL of 3.3. Prior to Committee, Correctional Officer J. Thom was assigned as Staff Assistant, interviewed S at least 24 hours prior to UCC, per CCR, Title 15, Section, 3315(d)(2)(A) and was present during Committee. The Staff Assistant was assigned based on S's current RGPL is 4.0 or less. S is advised, via this chrono, to notify staff immediately of any enemy situations that may arise. Grooming standards and Pelican Bay State Prison (PBSP) expectations were discussed. S is cleared for double celling per PBSP's current double cell policy, and can be celled with Black ethnic groups, although he refuses to accept a cellie. Committee further notes that S has no current cellmate, and the "S" custody suffix has not been previously applied. S is approved for 270' design facilities. Placement score is noted to be 93 Level IV points. Committee further notes S was initially placed into the BMU program on 09/21/06, based on: **S was deemed a program failure defined by the CCR, Title 15, Section, 3000.** Committee notes that since S's prior 30 day Program Review, he received RVR dated 01/22/07, for Recurring Failure to Meet Program Expectations. S has also refused to participate in the required BMU ITP classes, dated, 01/18/07 and 01/19/07. Based on the above information, UCC is in mutual agreement that S has not met the necessary requirements of Step # 1, and therefore, is not eligible to graduate to Step #2. Step # 1 Privileges include, but are not limited to:

- ❖ WG/PG, C/C status for approximately 30 days.
- ❖ Emergency telephone calls only.
- ❖ One-quarter (1/4) the monthly canteen draw allowance, not to exceed \$45.00.
- ❖ A minimum of 10 hours out-of-cell time per week, which may include dayroom, workshops (ITP classes) and self-help-group activities, as limited by physical design and local institution security and facility needs.
- ❖ Non-contact visits, if eligible; with approved visitors only.

Committee acts to reaffirm S's placement in the BMU program and retain on Step # 1 of the Individual Treatment Plan (ITP) for approximately 30 days. Committee also acts to continue WG/PG, C/C status effective 07/14/04, and continue at CLOB custody. S was reviewed and cleared for double-celling, noting no history of in-cell violence. S is advised, via this chrono, that he must remain disciplinary free, including any 128-A Counseling Chronos, and complete the selected behavior modification assignments as directed, prior to being considered for release from the BMU to the General Population (GP). S's case will be reviewed in approximately 30 days to establish future program modifications. S is eligible to work around computers, computer systems, or be in areas that may have access to personal information per PC 2702, PC 502, or PC 5071. PC 2933 and 2930 have been complied with. S was advised, at the completion of UCC, via the staff assistant, of Committee's decision and his right to appeal, and S appeared to understand. Next 30 day Program Review will be on 02/27/07. Next Annual Review in 06/07.

CHAIRPERSON:

M. FOSSA/C

J. ROBERTSON/CCI I

S. ROBERTS/EDUCATION

RECORDER: D. MELTON/CCI

☐ OBIS ☐ CSR ☐ IGI ☐ PSYCH ☐ MED ☐ OTHER

Committee Date: 01/30/07 (MELTON)

Classification

BMU/UCC

PROGRAM REVIEW

Inst: PBSP

STATE OF CALIFORNIA

RULES VIOLATION REPORT

DEPARTMENT OF CORRECTIONS

A2 202

CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	RELEASE/BOARD DATE EMD 04-28-2007	INST. PRSP	HOUSING NO. B8-209L	LOG NO. HU7-02-0022
VIOLATED RULE NO(S). 3005(b)		SPECIFIC ACTS RECURRING FAILURE TO MEET PROGRAM EXPECTATIONS	LOCATION B8-209L	DATE 02-22-07	TIME 0530 HRS

CIRCUMSTANCES On Thursday, February 22, 2007, at approximately 0930 hours, inmate BLOODSAW, P-20045, B8-209L refused to attend the mandatory BMU class. Inmate BLOODSAW also refused to sign his CDC-128B Refusal Chrono. Inmate BLOODSAW was assigned to the BMU in Committee on September 21, 2006, where the mandatory program was explained in detail. BLOODSAW received CDC-115's on 10-17-06, 10-24-06, 10-26-06, 10-30-06, 11-07-06, 12-29-06, and 01-22-07 for the same offense. BLOODSAW has refused to attend any BMU class. BLOODSAW has also received CDC-128B Refusal Chrono's dated 01-29-07, 02-05-07, 02-15-07, and 02-22-07 for Refusing to Attend the Mandatory BMU Class.

This inmate is not SOP or Crisis Ref. Following current guidelines for mental health assessments, the circumstances of this offense have been carefully evaluated. The Reviewing Supervisor has concluded that a Mental Health Assessment is not required.

REPORTING EMPLOYEE (Typed Name and Signature) S. ROBERTS, TEACHER		DATE 2-28-07	ASSIGNMENT BMU TEACHER	RDO'S S/S/H
REVIEWING SUPERVISOR'S SIGNATURE E. OCHOA, SGT		DATE 2-28-2007	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION F(3)	DATE 2/28/2007	CLASSIFIED BY (Typed Name and Signature) D. KAYS, LT	HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC
COPIES GIVEN INMATE BEFORE HEARING				
<input type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE)	DATE	TIME	TITLE OF SUPPLEMENT
<input type="checkbox"/> INCIDENT REPORT LOG NUMBER:	BY: (STAFF'S SIGNATURE)	DATE	TIME	BY: (STAFF'S SIGNATURE)
		DATE	TIME	

(SEE ATTACHED HEARING SUMMARY)

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)

R.K. BELL, LT		SIGNATURE	DATE	TIME
REVIEWED BY: (SIGNATURE)		DATE		
M. FOSS, FACILITY CAPTAIN		CHIEF DISCIPLINARY OFFICER'S SIGNATURE	DATE	TIME
		E.A. COOK, A.W. (S.P.)		
<input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING		BY: (STAFF'S SIGNATURE)	DATE	TIME

SERIOUS RULES VIOLATION REPORT

CDC NUMBER P-20045	INMATE'S NAME BLACKDSAN	VIOLATED RULE NO(S) 3005(b)	DATE 02-27-07	INSTITUTION PRSP	LOG NO. P07-02-0022
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REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☐ YES ☒ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE ▶	DATE

STAFF ASSISTANT

STAFF ASSISTANT	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE		
<input type="checkbox"/> ASSIGNED	DATE 2/7	NAME OF STAFF W.H. [Signature]
<input type="checkbox"/> NOT ASSIGNED	REASON	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> REQUESTED <input checked="" type="checkbox"/> WAIVED BY INMATE		
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input type="checkbox"/> NOT ASSIGNED	REASON INMATE [Signature]	

EVIDENCE / INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)

<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER	<input type="checkbox"/> NONE												
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)														
<table border="1"> <tr> <td>GRANTED</td> <td>NOT GRANTED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		GRANTED	NOT GRANTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>GRANTED</td> <td>NOT GRANTED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			GRANTED	NOT GRANTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>															

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

<input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) ▶	TIME 1:50	DATE 2/7/07
INVESTIGATOR'S SIGNATURE ▶		DATE	

STATE OF CALIFORNIA
RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS

PAGE 1 OF 2

CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	LOG NUMBER B07-02-0022	INSTITUTION PBSP	TODAY'S DATE April 2, 2007
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<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> CDC 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT	<input type="checkbox"/> OTHER
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Hearing: On April 2, 2007, at approximately 1030 hours, BLOODSAW was given the opportunity to attend this disciplinary hearing. BLOODSAW declined. When informed by staff that he needed to sign a CDC 128-B confirming that he had refused to attend, BLOODSAW refused to sign. At this institution, force will not be used to coerce attendance at a hearing. For this reason, his refusal to attend was accepted and the hearing was held in his absence. A CDC 128-B with the signature of staff witness (C/O M. Popow) to his refusal was completed.

District Attorney: This has not been referred for criminal prosecution.

Due Process: The disciplinary was served on the inmate within 15 days of discovery. However, the hearing has not been held within 30 days of service on the inmate. Per CCR 3320 (f)(1), time constraints have been exceeded and credit forfeiture cannot be assessed.

The behavior of this inmate was evaluated at the time that the Reviewing Supervisor reviewed this disciplinary report. The Reviewing Supervisor concluded that a mental health assessment was not required. The SHO concurs. There is no compelling need for a mental health assessment based upon the circumstances given in this report.

Staff Assistant: BLOODSAW was assigned a Staff Assistant as BLOODSAW is illiterate (reading score of 4.0 or less). The assigned SA, Officer R. Mills, was present at the hearing and confirmed that he interviewed BLOODSAW more than 24 hours in advance. Officer Mills confirmed that he had explained hearing procedures, disciplinary charges, the evidence supporting these charges and the right to request confidentiality.

Investigative Employee: BLOODSAW has no apparent interest in an investigation on his behalf. The issues are not complex and available information is sufficient. I.E. assignment is unnecessary.

Witnesses: No witnesses were called to this hearing. None were listed on the CDC 115-A as requested by the inmate and the SHO did not require any additional testimony.

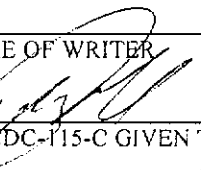
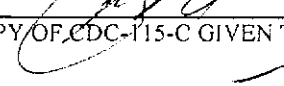
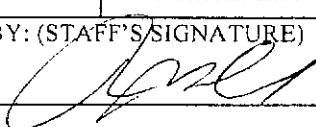
Video/photo evidence: Videotape/Photo evidence was not an issue for this hearing.

As BLOODSAW did not attend the hearing, a plea was not entered and he did not present any testimony in his own defense. The hearing was decided based upon the following written evidence: CDC 115 of February 22, 2007.

Finding: Guilty of the Div. F (3) offense (CCR 3315 (a)(3)(K)) offense RECURRING FAILURE TO MEET WORK OR PROGRAM EXPECTATIONS WITHIN THE INMATE'S ABILITIES WHEN LESSER DISCIPLINARY METHODS FAILED TO CORRECT THE MISCONDUCT. This offense requires evidence that the inmate had been given instructions on meeting program expectations, it was possible for the inmate to meet these expectations and the inmate has received previous disciplinaries for this same offense or a similar offense. This finding is based upon the following preponderance of evidence:

A. The testimony of Teacher, S. Roberts in the disciplinary report of February 22, 2007, wherein Roberts testifies to the following:

1. Inmate BLOODSAW refused to attend the mandatory BMU class.
2. BLOODSAW refused to sign a CDC 128 refusal chrono.
3. BLOODSAW received numerous CDC 128-B's for refusing to attend class.

SIGNATURE OF WRITER R. K. BELL 		TITLE Correctional Lieutenant		DATE NOTICE SIGNED April 2, 2007	
COPY OF CDC 115-C GIVEN TO INMATE 		GIVEN BY: (STAFF'S SIGNATURE) 		DATE SIGNED: 4/24/07	TIME SIGNED: 0800

STATE OF CALIFORNIA
RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS

PAGE 2 OF 2

CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	LOG NUMBER B07-02-0022	INSTITUTION PBSP	TODAY'S DATE April 2, 2007
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<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> CDC 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT	<input type="checkbox"/> OTHER
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Disposition: No forfeiture was assessed as time constraints were exceeded. Referred to classification for evaluation of SHU assessment. Appeal rights were explained. BLOODSAW was referred to CCR §3084.1 and following for additional information on appeal procedures.

Additional penalties: NONE

SIGNATURE OF WRITER R. K. BELL		TITLE Correctional Lieutenant		DATE NOTICE SIGNED April 2, 2007	
COPY OF CDC-115-C GIVEN TO INMATE		GIVEN BY: (STAFF'S SIGNATURE)		DATE SIGNED: 4-24-07	TIME SIGNED: 0800

STATE OF CALIFORNIA

RULES VIOLATION REPORT

DEPARTMENT OF CORRECTIONS

A2 202 L

CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	RELEASE/BOARD DATE PERD 04-25-2020	INST. PESP	HOUSING NO. B8-209L	LOG NO. 007-03-0009
VIOLATED RULE NO(S). 3005(b)		SPECIFIC ACTS RECURRING FAILURE TO MEET PROGRAM EXPECTATIONS	LOCATION B8-209	DATE 03-05-07	TIME 0930 HOURS
CIRCUMSTANCES					

On Monday, March 5, 2007, at approximately 0930 hrs., inmate BLOODSAW (P-20045, B8-209L), refused to attend the mandatory BMU class. BLOODSAW refused to sign his CDC 128-B Refusal Chrono. Inmate BLOODSAW was assigned to the BMU in committee on 9-21-06, where the mandatory program was explained in detail. BLOODSAW received CDC 115s dated 10-17-06, 10-24-06, 10-26-06, 10-30-06, 12-29-06, 1-22-07, and 2-22-07 for the same offense. BLOODSAW has also received CDC 128-B Refusal Chronos dated 2-26-07, 3-1-07, and 3-5-07 for refusing to attend the mandatory BMU class.

This inmate is not EOP or Crisis Sec. Following current guidelines for mental health assessments, the circumstances of this offense have been carefully evaluated. The Reviewing Supervisor has concluded that a Mental Health Assessment is not required.

REPORTING EMPLOYEE (Typed Name and Signature) S. ROBERTS, TEACHER		DATE 3-9-07	ASSIGNMENT BMU TEACHER	RDO'S S/S/B
REVIEWING SUPERVISOR'S SIGNATURE A. NAVARRO, SGT		DATE 3/9/07	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: F	DATE 3/10/07	CLASSIFIED BY (Typed Name and Signature) T. WOOD, LT	LOC. HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC
COPIES GIVEN INMATE BEFORE HEARING				
<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE) D. ANDRUS, S/O	DATE 3-2-11	TIME 1730	TITLE OF SUPPLEMENT
<input type="checkbox"/> INCIDENT REPORT LOG NUMBER:	BY: (STAFF'S SIGNATURE)	DATE	TIME	BY: (STAFF'S SIGNATURE)
HEARING				

(SEE ATTACHED HEARING SUMMARY)

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)

R.K. BELL, LT		SIGNATURE	DATE	TIME
REVIEWED BY: (SIGNATURE)		DATE	CHIEF DISCIPLINARY OFFICER'S SIGNATURE	
M. FOSS, FACILITY CAPTAIN		DATE	M.A. COOK, A.W. (C.P.)	
<input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING		BY: (STAFF'S SIGNATURE)	DATE	TIME
CDC 115 (7/88)			DATE	TIME

SERIOUS RULE VIOLATION REPORT

CDC NUMBER E-20045	INMATE'S NAME BLOODSAW	VIOLATED RULE NO(S) 3005(b)	DATE 03-05-07	INSTITUTION PDSF	LOG NO. 007-03-0100
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REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☐ YES ☐ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE [Signature]	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE [Signature]	DATE
DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE [Signature]	DATE

STAFF ASSISTANT

<input type="checkbox"/> REQUESTED	<input checked="" type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE [Signature]	DATE 03-11-07
<input checked="" type="checkbox"/> ASSIGNED	DATE 03-11-07	NAME OF STAFF D. ANDERSON 46	
<input type="checkbox"/> NOT ASSIGNED	REASON		

INVESTIGATIVE EMPLOYEE

<input type="checkbox"/> REQUESTED	<input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE [Signature]	DATE 03-11-07
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF	
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON FNAME PER CDC 115-A (7/88) (1)		

EVIDENCE / INFORMATION REQUESTED BY INMATE:

NONE

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)			
<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input checked="" type="checkbox"/> NONE
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	
GRANTED <input type="checkbox"/>	NOT GRANTED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	NOT GRANTED <input type="checkbox"/>

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

I/A REFUSED TO SIGN.

<input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) D. ANDERSON	INVESTIGATOR'S SIGNATURE [Signature]	DATE 03-11-07
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STATE OF CALIFORNIA
RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS

PAGE 1 OF 2

CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	LOG NUMBER B07-03-0009	INSTITUTION PBSP	TODAY'S DATE April 9, 2007
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<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> CDC 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT	<input type="checkbox"/> OTHER
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Hearing: On April 9, 2007, at approximately 1030 hours, BLOODSAW was given the opportunity to attend this disciplinary hearing. BLOODSAW declined. When informed by staff that he needed to sign a CDC 128-B confirming that he had refused to attend, BLOODSAW refused to sign. At this institution, force will not be used to coerce attendance at a hearing. For this reason, his refusal to attend was accepted and the hearing was held in his absence. A CDC 128-B with the signature of staff witness (C/O J. Thom and T. Wadsworth) to his refusal was completed.

District Attorney: This has not been referred for criminal prosecution.

Due Process: The disciplinary was served on the inmate within 15 days of discovery and the hearing was held within 30 days of service. The inmate received his copies of all documents more than 24 hours in advance of the hearing. There are no due process issues.

The behavior of this inmate was evaluated at the time that the Reviewing Supervisor reviewed this disciplinary report. The Reviewing Supervisor concluded that a mental health assessment was not required. The SHO concurs. There is no compelling need for a mental health assessment based upon the circumstances given in this report.

Staff Assistant: BLOODSAW was assigned a Staff Assistant as BLOODSAW is illiterate (reading score of 4.0 or less). The assigned SA, Officer D. Andruss, was present at the hearing and confirmed that he interviewed BLOODSAW more than 24 hours in advance. Officer Andruss confirmed that he had explained hearing procedures, disciplinary charges, the evidence supporting these charges and the right to request confidentiality.

Investigative Employee: BLOODSAW has no apparent interest in an investigation on his behalf. The issues are not complex and available information is sufficient. I.E. assignment is unnecessary.

Witnesses: No witnesses were called to this hearing. None were listed on the CDC 115-A as requested by the inmate and the SHO did not require any additional testimony.

Video/photo evidence: Videotape/Photo evidence was not an issue for this hearing.

As BLOODSAW did not attend the hearing, a plea was not entered and he did not present any testimony in his own defense. The hearing was decided based upon the following written evidence: CDC 115 of March 5, 2007.

Finding: Guilty of the Div. F (3) offense (CCR 3315 (a)(3)(K)) offense RECURRING FAILURE TO MEET WORK OR PROGRAM EXPECTATIONS WITHIN THE INMATE'S ABILITIES WHEN LESSER DISCIPLINARY METHODS FAILED TO CORRECT THE MISCONDUCT. This offense requires evidence that the inmate had been given instructions on meeting program expectations, it was possible for the inmate to meet these expectations and the inmate has received previous disciplinarys for this same offense or a similar offense. This finding is based upon the following preponderance of evidence:

A. The testimony of Teacher, S. Roberts in the disciplinary report of March 5, 2007, wherein Roberts testifies to the following:

1. Inmate BLOODSAW refused to attend the mandatory BMU class.
2. BLOODSAW refused to sign a CDC 128 refusal chrono.
3. BLOODSAW received numerous CDC 128-B's for refusing to attend class.

SIGNATURE OF WRITER R. K. BELL		TITLE Correctional Lieutenant		DATE NOTICE SIGNED April 9, 2007	
COPY OF CDC-115-C GIVEN TO INMATE		GIVEN BY: (STAFF'S SIGNATURE)		DATE SIGNED: 4/24/07	TIME SIGNED: 0802

STATE OF CALIFORNIA
RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS

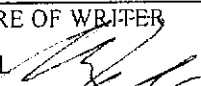
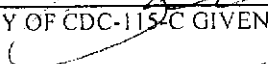
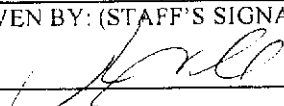
PAGE 2 OF 2

CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	LOG NUMBER B07-03-0009	INSTITUTION PBSP	TODAY'S DATE April 9, 2007
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<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> CDC 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT	<input type="checkbox"/> OTHER
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Disposition: Assessed 30 day credit forfeiture for this Div. F offense. With this notice, BLOODSAW is informed that his credit restoration period began February 23, 2007 and this restoration period is a minimum of three months (if within 60 days of scheduled release, the minimum is reduced to one month). If he is found guilty of any administrative or serious CDC-115 issued during this credit restoration period, he forfeits his eligibility for restoration. If he completes this restoration period disciplinary free, he may request a classification review. Classification will make the final determination whether he is eligible for restoration or request an additional period of disciplinary free conduct. With this notice, BLOODSAW is referred to CCR §3084.1 for information on appeal procedures.

Additional penalties: NONE

SIGNATURE OF WRITER R. K. BELL 		TITLE Correctional Lieutenant		DATE NOTICE SIGNED April 9, 2007	
COPY OF CDC-115-C GIVEN TO INMATE 		GIVEN BY: (STAFF'S SIGNATURE) 		DATE SIGNED: 4.24.07	TIME SIGNED: 0800

EXHIBIT

B

STATE OF CALIFORNIA

CHRONOLOGICAL HISTORY

DEPARTMENT OF CORRECTIONS

CDC 112 (9-83)

Date	Chronological Listings	Initials	Dead Time	Release Date
NOV 24 1998	REC'D NKSP-RC	n/c	BMR	
DEC 0 1998	INTAKE AUDIT	DB	Epd	2/7/2000
JAN 22 1999	CTF NEW ARRIVAL	K/C		
2-5-99	Intake Audit, WCC applied thru 2-5-99 DU	KA		
6-23-99	30 days Jaro 115 std 6-3-99, A' off 5-22-99, WCC applied thru 5-31-99	KA	EPRD	12-20-99
7-5-99	Reviewed for Compliance with PC296	KA		
8-24-99	30 days Jaro 115 std 6-22-99, C Status off 8-4-99	KA	EPRD	1-26-2000
12-8-99	121 days Jaro 115 std 8-11-99, D ² off 8-11-99, EPRD projected with D off 12-4-99	KA	EPRD	7-23-2000
12-12-99	Transfer Audit	KA		
12-22-99	Rec'd SD main	BT	1/2 EPRD	7-7-00
5/02/00	Intake/60 day Audit A-1 eff 12/30/99	CA		
7-1-00	Correction to Y/C	OK	1/2 EPRD	7-1-00
7-3-00	Parole Check	OK	CDD	7-1-03
7-4-00	Parole Reg III, LA Co, Englewood #2	OK	DR	7-4-00
8-2-00	PAROLE SUSPENDED EFF 7-5-00			
	CODE 1	ES	Suspended	
9-28-00	Arrest/Hold/Reintate	ClA	-85	
10-16-00	Rec'd. Rent 3 Pitches	ClA		
11-1-00	Rev. Hrg. - Par Rev RTC 9 mos Elig.	ClA	PRRD	3-27-01
11-15-00	Rec'd. Cim/REC	ClA	MRRD	6-25-01
11-15-00	Rec'd. Cim-E	ClA	CDD	3-22-04
11-20-00	Rec'd. Cim/RCW	ClA	OR	3-27-02
11-29-00	RCW Intake Audit	ClA		
DEC 22 2000	REC'D ISP	MS		

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CHRONOLOGICAL HISTORY

CDC 112 (9-83)

Date	Chronological Listings	Initials	Dead Time	Release Date
1-11-2001	Intake / 10 day pre-release CAZ	ON	PRRD	3-27-2001
1-26-01	Credit Code Review	LM		
MAR 14 2001	10 day Pre-Release Audit PER 112/289 ACTUAL DAYS IN CUSTODY THIS REVOCATION 180 TOTAL SERVED TO DATE 180		CDD	3-22-2004
			DR	3-27-2002
3-27-2001	Revocation to Release REG 3/INGLE 2/LA	MS		
4-12-2001	PAROLE SUSPENDED EFF 3-29-01 CODE 1		-21 PRRD	10-16-01
4-19-01	ARREST / REINSTATE	AC	MRRD	1-11-02
5-23-01	Revocation Hrg. Results PR RTC 9E mos. Special Condition		CDD	10-9-04
		AC	DR	10-16-02
7-27-01	Rec'd CIM-MIN	MP		
8-3-01	Intake / 10 day Credit			
10-9-01	10 Day Ret to Parole Audit. Total Rev. Days served to date: 360 Days	UC		
10/16/01	Ret. to Par. Reg III, IN 92 LA CD	BE		
11-14-01	SUSPENDED EFF 10-17-01 CODE 2 - D, E, F			
	RETURN TO PRISON FOR FURTHER PROCEEDINGS		stop -86 days	
01-11-02	ARRESTED / REINSTATED 01-11-02		PRRD	07-30-02
3-15-02	"S" activated Waiver		MRRD	11-07-02
06-24-02	REV HEARING. RTC 10 MOS SB 16 Eligible SPEC COND REAFFIRMED		CDD	01-08-05
8-27-02	PAR SUSPENDED EFF 8-12-02. code 2 RETURN TO PRISON FOR FURTHER PROCEEDINGS		DR	07-30-03
11-9-02	ARREST / Reinstate eff 11-9-02		-89	
12-6-02	Rev Screening RTC 9 months SB 16 Eligible Opt		RPD	8-6-2003
6-11-03	Rec'd CCI IV RC PVWNT	PME	CDD	4-7-2005
7-24-2003	INTAKE AUDIT	RLB	DR	8-6-2004
		CB		

CHRONOLOGICAL HISTORY

Date	Chronological Listings	Initials	Dead Time	Release Date
7-24-2003	RESTITUTION ORDERED PER LA CO. CASE # <u>YA053506</u>, \$ <u>250.00</u>	CB	Control EPRD	10-25-2019
7-24-2003	PC296 DNA Required	CB		
7-24-2003	PC3060.7 Supervision case	CB		
11-04-2003	BCL 30 days for CDC 115 log # 1V3100472, dated 10-23-2003.	den	epod	11-24-2019
NOV 05 2003	REC'D CSP-LAC	MD		
11-25-2003	Intake audit	RMB		
1-29-04	Transfer Audit	DA		
2-24-04	REC'D PELICAN BAY	DA		
3-25-04	Intake Audit	CA		
3-11-05	PC296 Complete per OBIS	CA		
4-27-05	BCL 30 days, log # A05030573 dtd 3-28-05 Discharge LA County Cox # YA034031 at STAT-MAX date 4-4-2005, removed on LA County Cox # YA053506.	CA	epod	12-24-19
3-29-06	BCL 30 days log # A06020050 dtd 2/23/06	MD	EPRD	1-23-20
3-29-06	'C' status eff 7-14-04 thru 6-9-05 per 128g dtd 7-29-04; 'D2' eff 6-10-05 thru 8-2-05 per 128g dtd 10-18-05; 'C' status eff 8-3-05 per 128g dtd 10-18-05	MD	EPRD	5-28-20
2-1-07	BCL 30 days, Log # B07010032 dtd 12-29-06	MD	EPRD	6-27-20
4-13-07	BCL 30 days, Log # B07010077 dtd 1-22-07	MD	EPRD	7-27-20
4-25-07	BCL 30 days, Log # B07030009 dtd 3-5-07	MD	EPRD	12-24-20
4-30-07	BCL 150 days, Log # B07040031 dtd 4-12-07	MD	EPRD	5-27-21
5-7-07	D1 eff 4-12-07 per 128g dtd 4-19-07	MD		

BOARD OF PRISON TERMS

SUMMARY OF REVOCATION HEARING AND DECISION

(BPT Rules, Chapter 6, Article 3)

STATE OF CALIFORNIA
 MR RD 11-07-02
 PAROLE REVOCATION RELEASE DATE 07-30-02
 CONTROLLING DISCH. DATE 01-08-05
 DISCH. REVIEW DATE 07-30-03

I. PRELIMINARY INFORMATION

A. TYPE OF HEARING
☒ Revocation
☐ Revocation Extension
☐ Revocation: Psychiatric Treatment
☐ Prerevocation

B. LOCATION OF HEARING: LACU
 Parolee in Custody at time of Hearing
☒ Yes ☐ No

C. BASIS FOR CHARGES
☒ Parole Violation Report, dated 1-23-02
☐ Other _____ dated _____

D. OPTIONAL WAIVER ☐ Yes ☒ No
 Date signed by parolee _____ Date of BPT action _____
 Assessment _____ ☐ Ineligible ☒ Eligible
 (Check one)

E. LEGAL DATA

- ☐ The crime for which the parolee was committed to prison occurred on or before 12-31-78.
☒ The crime for which the parolee was committed to prison occurred on or after 1-1-79.
 Date of arrest on current parole violation charge(s) 1-11-02
 Date hold was placed on current parole violation charge(s) 1-11-02

F. PRESENT AT HEARING

1. ☒ Parolee (If parolee absent, why?) TESTIFIED
2. ☒ Hearing Officer(s) THOMAS WADKINS, DC. (NAME)
3. ☒ Attorney ☐ Waived ☐ Disapproved Name REEDY
4. ☒ Agent of Record WILLIAMS TESTIFIED (NAME OR REASON IF NOT PRESENT)
5. ☒ Hearing Agent VUCENTE (NAME OR REASON IF NOT PRESENT)
6. ☐ Observer(s) _____ (NAME AND ORGANIZATION)

G. WITNESSES

Present		Name	Notified		Wit. Desig.**		If absent, state specific reason.
Yes	No		Meth.	Date	Stat.	Req.	
		Detective Mark Remprow	TT	6-18	A	<	FTA - WORKING

*NOTIFICATION METHOD

M = Memo PC = Personal Contact
 L = Letter Sp = Subpoena
 Ph = Phone TT = Teletype

**USE ABBREVIATION FOR WITNESS DESIGNATION:

Status: A = Adverse Requested By: S = State
 F = Friendly P = Parolee
 V = Victim

NAME Bloodshaw, Therapic CDC NUMBER P20045 INST/REGION Ingle 2-III HEARING DATE 6-24-02

WHITE-C FILE
 CANARY-BPT
 PINK-PAROLEE
 GOLDENROD-AGENT OF RECORD

BPT 1103 (REV. 3/90) Page 1 of 4 Pages PERMANENT ADDENDA

BOARD OF PRISON TERMS

STATE OF CALIFORNIA

SUMMARY OF REVOCATION HEARING AND DECISION

I. Preliminary Information (Cont.)

H. HEARING ☐ CANCELLED ☐ POSTPONED
REASON:☐ Atty. Unavailable
☐ Parolee Unavailable
☐ Witness Unavailable☐ Parolee Ret'd to Prison
☐ Parolee Signed Waiver
☐ Parolee Request☐ Interpreter Needed
☐ Psych. Evaluation
☐ Add'l. Witness/Testimony☐ Other: _____

Specify witnesses/documents needed for next hearing: _____

I. OBJECTIONS ☒ None ☒ Yes State objections (s) and panel's ruling and reasons on continuation sheet.

II. SUMMARY OF FINDINGS

A. ADMISSIONS/DENIALS AND FINDINGS

1. Charges

2. Plea

3. Findings

Charge#	Code	Brief Description of Conduct	Admit	Deny	No Plea	Good Cause	No Good Cause	Dismiss
1	021	Absconding		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
2	452	Battery on a peace officer		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
3	972	Vandalism		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
4	010	Failed to attend POC		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>

4. Charges Amended to Read (Complete 5 below)

Charge#	Code	Brief Description as Amended	Amended Prior to Plea	Prior to Finding

5. Reason for amending Charges (Show charge # and reason): _____

NAME

CDC NUMBER

INST/REGION

HEARING DATE

Bloodshaw, Thropic P20045

Ingle 2/11/08

6-24-02

BPT 1103 (REV. 3/90)

Page 2 of

Pages

WHITE-C FILE
CANARY-BPT
PINK-PAROLEE
GOLDENROD-AGENT OF RECORD

PERMANENT ADDENDA

BOARD OF PRISON TERMS

STATE OF CALIFORNIA

SUMMARY OF REVOCATION HEARING AND DECISION

III. REASON FOR DECISION

Basis for Conclusion: CH #2, 3, 4 - Dismissed NO WITNESSES + SPE. CONDITION.

ART TESTIFIED Parolee released on 10-16-01 and failed to report to PCSD. BPT ~~SUSPENDED~~ parole on 11-14-01 off 10-17-01 Parolee Believe he was not on Parole. CH #1 - Good cause found Based upon TESTIMONY By Respondent & EVIDENCE.

Basis for Disposition:

COUT CASE: 4350 (PR) Prior Conv: 459 PC (1st) -1990. INIT Rel Date: 7-4-00

RTC on 9-28-00 for fail to Register 1590

RTC on 4-19-01 Absconding.

APR Parolee never reports to PCSD Parolee states he understands he is on Parole 10 MONTHS RTC Based upon PC offense, 2nd BANNER, AND 3rd RTC.

NAME

CDC NUMBER

INST/REGION

HEARING DATE

Bloodsham
Thropic

P20045

Single 2/11

WHITE-C FILE
CANARY-BP1
PINK-PAROLEE

6-24-02

BPT 1103 (REV 3/90)

Page 3 of 3 Pages

GOLDENROD-AGENT OF RECORD

PERMANENT ADDENDA

BOARD OF PRISON TERMS

STATE OF CALIFORNIA

SUMMARY OF REVOCATION HEARING AND DECISION

IV. SUMMARY OF DISPOSITION

A. ☒ Hold Status:

1. ☐ Place Hold 2. ☒ Retain Hold
 3. ☐ Remove Hold Not Later Than _____ (DATE)

B. ☐ Remaining Period of Parole Waived

Discharge Effective _____ (DATE)

C. ☐ Continue on ParoleD. ☒ Parole Revoked. Return to Custody

Months

E. ☐ Parole Revocation Period Extended:

days

F. ☐ Parole Revoked. Return to Custody

Months for Psychiatric Treatment

G. Eligibility for Credits

☒ Eligible ☐ Ineligible

Reason for Ineligibility (PC§3057(d)(2)):

☐ Commitment offense (Specify) _____☐ Revocation offense (Specify) _____☐ Violation of parole condition (Specify) _____☐ Sentenced under PC §1168 (Specify) _____☐ Unsuitable for credits because of PC §3057 (d)(2)(E)☐ Prior criminal history☐ Circumstances and gravity of parole violation

Specify reason: _____

H. Optional Waivers

☐ Previous BPT Action of _____ (DATE) is:1. ☐ Rescinded 2. ☐ ReaffirmedI. ☐ Other _____ (SPECIFY)J. ☐ Special Conditions of Parole☐ All current conditions reaffirmed

	No Alcohol	ANT	POC	Other
Added				
Deleted				

K. Instructions to CDC Staff/Reasons for special conditions of parole:

1073 Completed

NOTE: CDC RECORDS
 SEE ATTACHED DOCUMENT
 AND PROVIDE FOR
 SUBSCRIPTION TO SEE
 IF Parolee is on
 Parole per Parolee's
 request, BPT
 has ruled Parolee
 is on Parole per
 Court Records

BPT HEARING PANEL

NAME:

NAME:

DECISION REVIEWED BY:

REVOCATION HEARING TIME (MINUTES)

1. Prehearing Prep. Time: _____

2. Actual Hearing Time: _____

3. Report Completion Time: _____

4. Other (Specify): 30 Minutes on AORT WJ

Total 1 Hr 30 min

NAME

CDC NUMBER

INST/REGION

HEARING DATE

3 bloodstain
 Thropic

P2.0045

Single 2/TTT

6-24-02

BPT 1103 (REV. 3/90)

Page 4 of

Pages

WHITE-C FILE
 CANARY-BPT
 PINK-PAROLEE
 GOLDENROD-AGENT OF RECORD

PERMANENT ADDENDA

CONTINUATION SHEET

CONTINUATION FOR:

SECTION

BPT FORM NO.

SUBSECTION

MOTION: TIMELYNESS *ISSUED. Held

Date WAS 1-11-02. CASE

Prejudice just BECAUSE of prejudice
parolee's life.

Decision: MOTION DENIED - ATTORNEY ARTICULATED
No prejudice to parolee's CASE. 45 Sec
rule is a guideline not mandatory
Dismissal. J.C. Dismissed
Ch#2+3+4 where Denied of any witnesses
No Prejudice as to ASSAULTING

MOTION - PAROLEE STATES he is not on parole
ATTORNEY presented Court Minute
ORDER / HAS 3 TOXACT of JUDGE

DECISION
MOTION IS DENIED - Minute ORDER
Shows Court sent Parolee to
Prison for Probation REVOCATION
2 times RTC PCSP CDC
Records Show after LAST
RTC CDC Records are calculated
CDD to be 2004.

NAME: BLEDSHA Theopre NUMBER: 120045 INST/REGION: DATE: 2/11/02 HEARING DATE: 6-24-02

BOARD OF PRISON TERMS

STATE OF CALIFORNIA

CENTRAL OFFICE CALENDAR DECISION

1. REPORTS REVIEWED

	A. PAROLE VIOLATION REPORT OF _____ (DATE) REVIEWED		E. PSYCHIATRIC REPORT OF _____ (DATE) REVIEWED
X	B. PAROLE VIOLATION REPORT (PAL) OF 08/21/02 (DATE) REVIEWED		F. DISCHARGE REPORT OF _____ (DATE) REVIEWED
	C. SUPPLEMENTAL PAROLE VIOLATION REPORT OF _____ (DATE) REVIEWED		G. RETAIN ON PAROLE REPORT OF _____ (DATE) REVIEWED
	D. DISCIPLINARY REPORT OF _____ (DATE) REVIEWED		H. OTHER REPORT OF _____ (DATE) REVIEWED

2. PAROLE STATUS

X	A. PAROLE SUSPENDED EFFECTIVE 8/12/02 (DATE)		C. REINSTATE ON PAROLE EFFECTIVE _____ (DATE)
	B. CONTINUE ON PAROLE		D. OTHER _____ _____

3. SCHEDULE FOR FURTHER PROCEEDINGS

	A. SCHEDULE FOR REVOCATION PROCEEDINGS 1. <input type="checkbox"/> EXTENSION 2. <input type="checkbox"/> PSYCH. ATTN. 3. <input type="checkbox"/> PREREVOCATION		C. SCHEDULE FOR RESCISSION PROCEEDINGS
X	B. RETURN TO PRISON FOR FURTHER PROCEEDINGS		D. HOLD <input type="checkbox"/> PLACE <input type="checkbox"/> RETAIN <input type="checkbox"/> REMOVE

4. OTHER DECISIONS

	A. CANCEL WANT REMOVE WARRANT FROM FILE		G. RETAIN IN CUSTODY _____ DAYS PENDING REVOCATION EXTENSION HEARING
	B. REAFFIRM ACTION OF _____ (DATE)		H. PAROLE PERIOD EXTENDED TO <input type="checkbox"/> 18 Mos. <input type="checkbox"/> 4 Yrs. PENDING REVOCATION HEARING
	C. RESCIND ACTION OF _____ (DATE)	X	I. ENTER NCIC WARRANT PER BPT § 2714 (b)(1) (<u>D, G</u>) (FILL IN APPROPRIATE SUBSECTION)
	D. DISCHARGE 1. <input type="checkbox"/> BPT § 2535 <input type="checkbox"/> § 2713 (c) 2. <input type="checkbox"/> TO ALLOW _____ AUTHORITIES EXCLUSIVE JURISDICTION.		J. PLACE IN WANTED PERSONS SYSTEM ISSUE IN CALIFORNIA WARRANT
	E. RETAIN ON PAROLE BPT RULE 2535 (d) (_____)		K. MISCELLANEOUS
	F. RETAIN ON PAROLE SUPERVISION		

PANEL HEARING CASE

NAME	<u>mele</u>		
NAME	<u>11/27/02</u>		
NAME	NUMBER	INSTITUTION/REGION	UNIT
Bloodshaw, Theopric	P20045	P&CSD/REG3	Ingle2
		HW:jt	DECISION DATE

CENTRAL OFFICE CALENDAR DECISION

1. REPORTS REVIEWED

A. PAROLE VIOLATION REPORT OF _____ (DATE) REVIEWED	E. PSYCHIATRIC REPORT OF _____ (DATE) REVIEWED
B. PAROLE VIOLATION REPORT (PAL) OF _____ (DATE) REVIEWED	F. DISCHARGE REPORT OF _____ (DATE) REVIEWED
X C. SUPPLEMENTAL PAROLE VIOLATION REPORT OF 11-26-02 PAL dated 8-22-02 REVIEWED	G. RETAIN ON PAROLE REPORT OF _____ (DATE) REVIEWED
D. DISCIPLINARY REPORT OF _____ (DATE) REVIEWED	H. OTHER REPORT OF _____ (DATE) REVIEWED

2. PAROLE STATUS

A. PAROLE SUSPENDED EFFECTIVE _____ (DATE)	X C. REINSTATE ON PAROLE EFFECTIVE 11-9-02 (DATE)
B. CONTINUE ON PAROLE	X D. OTHER Cancel Want Remove Warrant from file

3. SCHEDULE FOR FURTHER PROCEEDINGS

A. SCHEDULE FOR REVOCATION PROCEEDINGS 1. <input type="checkbox"/> EXTENSION 2. <input type="checkbox"/> PSYCH. ATTN. X 3. <input checked="" type="checkbox"/> PREREVOCATION	C. SCHEDULE FOR RESCISSION PROCEEDINGS
B. RETURN TO PRISON FOR FURTHER PROCEEDINGS	X D. HOLD <input type="checkbox"/> PLACE <input checked="" type="checkbox"/> RETAIN <input type="checkbox"/> REMOVE

4. OTHER DECISIONS

A. CANCEL WANT REMOVE WARRANT FROM FILE	G. RETAIN IN CUSTODY _____ DAYS PENDING REVOCATION EXTENSION HEARING
B. REAFFIRM ACTION OF _____ (DATE)	H. PAROLE PERIOD EXTENDED TO <input type="checkbox"/> 18 Mos. <input type="checkbox"/> 4 Yrs. PENDING REVOCATION HEARING
C. RESCIND ACTION OF _____ (DATE)	I. ENTER NCIC WARRANT PER BPT § 2714 (b)(1) (_____) (FILL IN APPROPRIATE SUBSECTION)
D. DISCHARGE 1. <input type="checkbox"/> BPT § 2535 <input type="checkbox"/> § 2713 (c) 2. <input type="checkbox"/> TO ALLOW _____ AUTHORITIES EXCLUSIVE JURISDICTION.	J. PLACE IN WANTED PERSONS SYSTEM ISSUE IN CALIFORNIA WARRANT
E. RETAIN ON PAROLE BPT RULE 2535 (d) (_____)	K. MISCELLANEOUS
F. RETAIN ON PAROLE SUPERVISION	

PANEL HEARING CASE

NAME	
NAME	

NAME BLOODSHAW, THEOPRIC	NUMBER P20045	INSTITUTION/REGION P&CSD/III	UNIT Ingle2	DECISION DATE
-----------------------------	------------------	---------------------------------	----------------	---------------

BOARD OF PRISON TERMS

STATE OF CALIFORNIA

WAIVER OF REVOCATION HEARING**RIGHT TO REVOCATION HEARING**

I understand that the Board of Prison Terms (Board) may order a revocation hearing scheduled for me based on a parole violation report dated 11/21/02. I understand that I have the right to a parole revocation hearing within a reasonable time from the placement of the hold or the case conference if I am not under a hold. At the revocation hearing, I may contest the charges in the parole violation report. I may request witnesses to testify at the revocation hearing. I may be entitled to representation by an attorney at state expense if I am indigent. At the revocation hearing, the Board may find good cause to believe I have violated parole and may order my return to custody for a maximum of six (6) months if the crime for which I was committed to prison occurred on or before December 31, 1978, or 12 months if the crime for which I was committed to prison occurred on or after January 1, 1979. Any period of confinement served will be added to my parole period, but the total will not exceed the maximum period specified by law. If my parole is revoked, I shall be ineligible for discharge review until I complete one year of continuous parole beginning on the date of my release from the revocation period. However, I will be discharged at such time as my maximum discharge date is reached, if that date comes first.

REQUEST FOR REVOCATION HEARING

☐ I request a revocation hearing and make the following pleas with regard to this hearing.

By making an admission to the charge(s), I understand that I am waiving my right to contest the charge, to request and question witnesses who may have information in regard to the charge, and to present documentary evidence which may pertain to the charge.

I also understand that an admission to the charge(s) does not affect my right to present evidence in mitigation as to why my parole should not be revoked.

1. I Admit Charge(s) (Specify which)	2. I Deny Charge(s) (Specify which)	3. I Neither Admit nor Deny Charge(s) (Spec. which)
--------------------------------------	-------------------------------------	---

Signature of Parolee	CDC Number	Date
Name and Title of CDC Employee (Print)	Signature of CDC Employee	Date
<u>THOMAS WEL BEA</u>	<u>[Signature]</u>	<u>1/3/03</u>

WAIVER OF REVOCATION HEARING (UNCONDITIONAL)

☐ I wish to waive my revocation hearing. I understand that by waiving my right to a hearing, I am waiving all the rights discussed above. The Board will decide if there is good cause to believe I have violated parole and, if so, will make the appropriate disposition without a hearing or a personal appearance by me.

If waiver is acceptance of Revocation Screening Offer, check this box ☐ and complete the following:

Offer of _____ months or _____ days INELIGIBLE ELIGIBLE (Circle one.)

Signature	CDC Number	Date
-----------	------------	------

WAIVER OF REVOCATION HEARING (OPTIONAL)

☒ I wish to waive my revocation hearing because a criminal prosecution is pending against me. I understand that by waiving my right to a hearing, I am waiving all the rights discussed above. The Board has determined there is good cause to believe I have violated parole and has made an appropriate disposition without a hearing or a personal appearance by me as a result of this waiver.

I may later request a hearing. The request for hearing must be received by the Board no more than 15 days following sentencing or final disposition in the criminal proceedings and no later than two months before expiration of the revocation period ordered by the Board. At the hearing the Board may take any appropriate action. [CCR, Title 15, Sec. 2641(b)]

Signature	CDC Number	Date
<u>T. Bloodman</u>	<u>P 20045</u>	<u>1/3/3</u>
NAME	CDC NUMBER	INST/REGION
<u>BLOODMAN, THEOPH</u>	<u>P-20045</u>	<u>ING. #2/III</u>

BOARD OF PRISON TERMS
STATE OF CALIFORNIA

Records Office Use Only

Projected Revocation Release Date

Revocation Release Date

Controlling Discharge Date

Discharge Review Date

**SUMMARY OF REVOCATION DECISION:
HEARING WAIVED / SCREENING OFFER****I. PRELIMINARY INFORMATION****A. Type of Hearing**

REVOCATION

B. Basis for Charges

Parole Violation Report, Dated: 26-NOV-2002

CDC Rules Violation Report, Dated:

Other

Dated:

C. Admissions/Denials

Date Signed by Parolee: 06-DEC-2002

Date of BPT Action: 06-DEC-2002

Assessment: 9I

D. Legal Data

Arrest Date: 09-NOV-2002

Hold Date: 09-NOV-2002

II. DECISION**A. ☒ Hold Status - RETAIN****B. SATCU/SATU:** ☐ Approved ☐ Denied**C. ☐ Continue on Parole ☐ Dismiss ☐ Prop36****D. ☐ Schedule for Revocation Proceedings****E. ☐ Schedule for Revocation Extension Proceedings****F. Miscellaneous Action****G. ☒ Parole Revoked-Return to Custody: 9 months**☒ Serve consecutively

Revocation Period Extended: 0 days

Time Served: to

H. Attorney ☐ Conduct Determination ☐ Assignment

Reason

☐ Eligible **3057 Credits** ☐ Prior Criminal History☒ Ineligible 3057d-1 ☐ Circumstances & Gravity of Parole Violation☐ Ineligible 3057(d)(2)(E)☒ Parole Violation **241 PC**☐ Commitment Offense

Specify Reason

H. Special Cond. of Parole: ☒ Noted ☐ Reaffirmed ☐ Amended

	Add/Mod/Del	Reason
No Alcohol	-----	
ANT	-----	
POC for Eval	-----	

Other Special Condition

Reason

I. Instructions to CDC or P&CSD Staff

Commissioner/Deputy Commissioner Signature

Don B. Cisneros

Date

06-DEC-2002

PAROLEE ACKNOWLEDGEMENT☐ 1. I accept the above return to custody order (Section F) and unconditionally waive my rights to contest the charges against me or have a hearing.☐ 2. I reject the above order (Section F) and request a revocation hearing.☒ 3. I accept the above order and optionally waive my right to a hearing.

Parolee Signature

Date

Witness Signature

Date

NAME
BLOODSHAW, THEOPRICCDC NUMBER
P20045INST/REGION / AGENT
INGLEWOOD 2 / 3
WILLIAMS, HERMSCREEN DATE
06-DEC-2002

06-DEC-2002 04:18 PM

BPT 1104 (Rev. 7/88) Electronic

Page 1 of 3

PERMANENT ADDENDUM

BOARD OF PRISON TERMS

STATE OF CALIFORNIA

SUMMARY OF REVOCATION DECISION: HEARING WAIVED / SCREENING OFFER**III. SUMMARY OF FINDINGS AND DISPOSITION****A. Reports and Documents Considered:**

- ☐ Parole Violation
☐ CDC Rules Violation
☐ Other (specify):

☐ Police Report - Date:
 Agency:

B. Findings

Charge Number	Code Number	Charge Specified	Findings	Evidence Considered/ Relied Upon	Other (specify)	Rev Ext
1.	021	Absconding parole supervision	GOOD CAUSE	3		
2.	947	Failure to register per H&S 11590	GOOD CAUSE	3		
3.	413	Assault on peace officer	GOOD CAUSE	6		

1. Court Conviction
 2. Parolee Admits

3. Agent's Statements
 4. Physical Evidence

5. Witnesses' Statements
 6. Victim's Statements

7. Laboratory Analysis
 8. Other (specify)

C. Reasons for Disposition and Documents Considered

☒ Summary of Adjustment ☐ C-File ☐ POR ☐ CII/FBI ☐ Other:

Need for Reconfinement Based Upon the Following Factors:

- ☐ Return to Drugs - Readdiction - Need for Dry-Out - Detoxification
☐ Involved in Felonious Behavior that Mandates a Substantial RTC
☐ Continuation of Same Behavior that Caused Parolee's Prison Confinement
☐ Inability/Unwillingness to Conform to the Expectations and Requirements of Parole/CDC
☐ Parolee's Involvement in Distribution and/or Sales of Controlled Substances
☒ Parolee's Unlawful Behavior and/or Activity Makes Him/Her a Liability to the Community
☐ Parolee's Behavior and Conduct Requires Treatment in a Controlled Environment

Other Reasons/Comments

NAME
 BLOODSHAW, THEOPRIC

CDC NUMBER
 P20045

INST/REGION / AGENT
 INGLEWOOD 2 / 3
 WILLIAMS, HERM

SCREEN DATE
 06-DEC-2002

06-DEC-2002 04:18 PM

BPT 1104 (Rev. 7/88) Electronic

BOARD OF PRISON TERMS

SUMMARY OF REVOCATION DECISION: HEARING WAIVED/SCREEN OFFER

ADA

Special Needs: CCCMS

NAME
BLOODSHAW, THEOPRIC

CDC NUMBER
P20045

INST/REGION/AGENT
INGLEWOOD 2 / 3
WILLIAMS, HERM

SCREEN DATE
06-DEC-2002

06-DEC-2002 04:18 PM

BPT 1073 - NOTICE AND REQUEST FOR REASONABLE ACCOMMODATION

I. PRE-INTERVIEW FILE REVIEW (STAFF ONLY)

Documents verifying/identifying disability: (Check all verifying documents and attach copies to 1073.)

- ☐ CDC 128C ☐ CDC 128C-1 ☐ CDC 128C-2 ☐ CDC 611 ☐ CDC 1845 ☐ CDC 1515 ☐ Current BPT 1073
☐ CDC 128B (TABE 4.0 or lower) Score/GPL _____ ☐ Other documents _____ ☐ No verifying documents in file
☐ Accommodation is required for effective communication and/or access (enter type, i.e., sign language interpreter, staff assistance, assistive listening device, alternate accessible location, etc.): CCMS/PLC

II. PRISONER/PAROLEE RIGHTS & SELF IDENTIFICATION

The Americans with Disabilities Act (ADA) is a law to help people with disabilities. Disabilities are problems that make it harder for some people to see, hear, breathe, talk, walk, learn, think, work, or take care of themselves than it is for others. Nobody can be kept out of public places or activities because of a disability. If you have a disability, you have the right to ask for help to get ready for your BPT hearing, get to the hearing, talk, read forms and papers, and understand the hearing process. BPT will look at what you ask for to make sure that you have a disability, that is covered by the ADA, and that you have asked for the right kind of help. If you do not get help, or if you don't think you got the kind of help you need, ask for a BPT 1074 Grievance Form. You can also get help to fill it out.

- ☐ I do not have a disability. (Sign and date at the "X" below.)
☒ I do have a disability.

My disability is:

- ☐ Seeing ☐ Talking ☐ Reading ☐ Hearing ☐ Walking
☐ Understanding/Learning ☐ Mental Problems ☐ Other _____

I need help for my parole hearing: (Check all boxes that apply to you)

- ☐ Reading ☐ Understanding ☐ Talking
☐ Hearing Device (type) _____ ☐ Wheelchair or _____
☐ Visual Aids/optical device (type) _____ ☐ Walking
☐ Sign language Interpreter (type) _____ ☐ Other _____
☒ Attorney ☐ I do not need help for my parole hearing.

X Ti Bloomson _____ X _____
 Prisoner/Parolee Signature CDC # Date Signed

III. INITIAL SERVICE OF RIGHTS (STAFF ONLY)

I have informed prisoner/parolee of the above information, and any relevant charges, and have determined that he/she: ☒ Appears to understand. ☐ Appears to have difficulty understanding.
☐ Non-English Speaking (indicate language): _____

☐ **EFFECTIVE COMMUNICATION METHOD USED:** (Sign language interpreter, staff assistance, assistive device, alternate accessible location, etc.): _____

Comments: PLC/CCMS

[Signature] _____ 12/12/08
 Staff Name and Title (please print) Staff Signature Date

IV. REVIEW INDICATING NO CHANGES

TYPE OF HEARING	PRINT NAME AND WRITE INITIALS	TITLE	INSTITUTION/REGION	DATE

NAME [Signature] CDC # TYPE OF HEARING Theoria DATE OF HEARING LOCATION

REPORT TO: ☐ BOARD OF PRISON TERMS
☐ NARCOTIC ADDICT EVALUATION AUTHORITY

DISTRIBUTION: DEPARTMENT OF CORRECTIONS
 ORIGINAL - BOARD REPORT
 1ST COPY - R.H.C
 2ND COPY - H.A.
 3RD COPY - PAROLEE
 4TH COPY - U.S.

CDC NUMBER P20045	NAME (LAST, FIRST, MI) BLOODSHAW, THEOPRIC		NAME BOOKED AS SAME		REGION/UNIT III/Ingle #2	CSTCU - ST <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARREST DATE 11/09/02	ARRESTING AGENCY LASO Lennox		BPT REFERRALS <input checked="" type="checkbox"/> MANDATORY <input type="checkbox"/> NON-MANDATORY		BOOKING NUMBER AND/OR LOCATION 7475221/LACJ		
ARREST CODE * B	* ARREST CODES A P&CSD STAFF ALONE AB P&CSD ASSISTED BY LAW ENFORCEMENT AGENCY B LAW ENFORCEMENT AGENCY ALONE D LAW ENFORCEMENT AGENCY WITH INFORMATION FROM P&CSD						
HOLD DATE 11/09/02	DISCOVERY DATE 11/13/02	HOLD REMOVED DATE N/A	AGENT OF RECORD Herm Williams		CONTROLLING DISCHARGE DATE PAL	DISCHARGE REVIEW DATE PAL	IMMINENT DISCHARGE <input type="checkbox"/>
CHARGES AND CODES 1. Absconding (021)			CHARGES AND CODES 4.				
2. Failure to Register per 11590 (917)			5.				
3. Assault on Peace Officer (413)			6.				
REASON FOR RETAINING PAROLE HOLD PAROLEE DANGER TO: <input checked="" type="checkbox"/> ABSCOND <input type="checkbox"/> SELF <input type="checkbox"/> PROPERTY-OTHERS <input checked="" type="checkbox"/> SAFETY-OTHERS					DATE COPY SENT TO PAROLEE		INITIALS OF PERSON SENDING

DISABILITY CONCERNS

PSYCHIATRIC: Mr. Bloodshaw has been classified as CCMS.

PHYSICAL: Per North Kern State Institutional Summary and CDC 128C-1 date 11/3/98 gastric problem, Mr. Bloodshaw also has heart alert medication required.

DEVELOPMENTAL: Per North Kern State Institutions Summary claims completion of the 10th grade.

SUPPLEMENTAL REPORT TO A PAL REPORT dated 8/22/02.

SUPPORTING EVIDENCE:

CHARGE #1: On 11/09/02 Mr. Bloodshaw was arrested by Lennox LASO, for our PAL Warrant #2020827547. He was also arrested for circumstances in Charge #3. On 8/09/02 Mr. Bloodshaw RRD from Los Angeles county Jail with reporting instructions for 8/12/02 at 12:00 pm. He failed to report and on 8/27/02 I submitted a PAL report to the Board of Prison Terms. On 08/27/02 the hearing panel acted to suspended his parole effective 8/12/02.

PAROLEE STATEMENT: To be obtained prior to his Morrissey Hearing.

CHARGE #2: On 11/09/02, Mr. Bloodshaw was arrested by Lennox LASO, for circumstances in Charges #1 & #3. On 08/09/02 Mr. Bloodshaw RRD from L.A. County Jail, he failed to register per 11590 during the period 8/09/02 through 11/09/02. Mr. Bloodshaw signed form SS8048 for narcotic offender registration per 11590 H&S on 08/24/99.

PAROLEE STATEMENT: To be obtained prior to his Morrissey Hearing

CHARGE #3: On 11/09/02 Mr. Bloodshaw was arrested by Lennox LASO, after discovering a Parolee at Large Warrant for him. During the arrest Mr. Bloodshaw attacked one of the arresting deputies and attempted to gouge out his eyes, punched the Deputy repeatedly and maintained a

grappling hold on the deputy, on the ground. His partner and addition units were needed to secure Mr. Bloodshaw and to protect the Deputies.

PAROLEE STATEMENT: To be obtained prior to his Morrissey Hearing

ATTACHMENTS: LASO incident report #4-02-11545-0399-057

COURT INFORMATION: Inglewood Court 12/04/02 Case #YA053506, Charge ADW on a peace officer/not a firearm (GBI) 245 (C) P.C..

WITNESSES: Parole Agent Herm Williams can testify to circumstances in Charges 1 and 2 LASO Deputies Hoodye, Sean #796 and Sato, Brad #260210 can testify to circumstances in Charge #3.

SUMMARY OF PAROLE ADJUSTMENT
CDC 1521-B (1/91)

ATTACH LEGAL STATUS SUMMARY

CDC NUMBER P20045	NAME (LAST, FIRST, MI) BLOODSHAW, THEOPRIC	DATE OF REPORT 11/26/02
PRIOR COMMITMENT(S)		
OFFENSE TITLE(S) Burglary 1st	CODE SECTION(S) 459 PC	DATE(S) OF COMMITMENT 01/12/90
SPECIAL CONDITION(S) OF PAROLE		INITIAL PAROLE DATE 7/4/00
		LAST REV. REL DATE (RRD) 08/09/02

Anti-Narcotic Testing.
POC - Parole Outpatient Clinic

RESIDENCE

LAST KNOWN ADDRESS Transient	LIVING WITH Unknown	RESIDENTIAL PATTERN Transient
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MEANS OF SUPPORT

SOURCE OF SUPPORT Unknown	IF EMPLOYED, EMPLOYER'S NAME & BUSINESS ADDRESS Unknown	DATES EMPLOYED FR: - TO: Unknown	POSITION HELD Unknown
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EVALUATION - Cover the period from date of last release to current report. Include positive and negative factors of this release and community programs available in lieu of revocation, e.g. drug programs, psychiatric in-patient or out-patient, etc.

Mr. Bloodshaw is a second term for Possession of a Controlled Substance. The Subject has prior convictions for 484(A) Theft of Person 3/8/89, 666PC Petty Theft 8/21/89, 459 PC Burglary 12/27/89, 11550(A) H&S Under the Influence of C/S 4/18/94, 245(A) PC ADW 2/27/95, 602(J) PC Trespass, Injure Property, 602(J) PC Trespass; Injure Property, and 11550(A) H&S, Under the Influence of C/S 1/6/97.

There has not been a parole adjustment as Mr. Bloodshaw absconded when paroled.

LEGAL STATUS SUMMARY TYPE- D PSP ** DISCREPANT **11/21/2007 21:33

CDC NUMBER P20045	NAME BLOODSAW, THEOPRIC, KENT	ETHNIC BLA	BIRTHDATE 06/24/1958
TERM STARTS 06/11/2003	MAX REL DATE 11/27/2023	MIN REL DATE 09/02/2021	MAX ADJ REL DT 11/27/2023
			MIN ADJ REL DT 09/02/2021
BASE TERM 10/00 + ENHCMNTS 11/04 = TOT TERM 21/04			PAROLE PERIOD 3 YRS

PRE-PRISON + POST SENTENCE CREDITS

CASE	P2900-5	P1203-3	P2900-1	CRC-CRED	MH-CRED	P4019	P2931	POST-SENT	TOT
------	---------	---------	---------	----------	---------	-------	-------	-----------	-----

YA053506	185	92	28	305
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PC296 DNA COMPLETED

RCV DT/ CNT	COUNTY/ OFF-CODE	CASE DESCRIPTION	SENTENCE DATE	CREDIT CODE	OFFENSE DATE
----------------	---------------------	---------------------	---------------	----------------	-----------------

CONTROLLING PRINCIPAL & CONSECUTIVE (INCLUDES ENHANCEMENTS/OFFENSES):

--CONTROLLING CASE --

6/11/2003	LA	YA053506	5/13/2003	NO STRIKES: 2	
		01 P667.5(B) PPT-NV		3	
		01 P667(A) 01 PFC SERIOUS		3	
01	P245(C)	ADW ON PO OR FIREMAN (U)WPN		3	11/08/2002
02	P243(C) (2)	BATT ON PO (U)WPN	CS	3	11/08/2002
03	P422	TERRORIST THREAT	CS	3	11/08/2002
04	P203	MAYHEM ATT	CS	3	11/08/2002
05	P203	MAYHEM ATT	CS	3	11/08/2002

TRAN TYPE	DATE	END DATE	LOG NUMBER	RULE NUMBER	D A Y S ASSESS LOST REST DEAD			
--------------	------	----------	------------	----------------	----------------------------------	--	--	--

BEG	11/24/1998			*****BEG BAL*****				
ADD	06/11/2003			YA053506				
BCL	10/23/2003			IV3100472 3062(H)	30	30		
ADD	06/11/2003			YA053506				
BCL	03/28/2005			A05030073 3005B	30	30		

***** CONTINUED *****

CDC NUMBER | NAME
P20045 | BLOODSAW, THEOPRIC, KENT

ADD 06/11/2003 YA053506
BCL 02/23/2006 A06020050 3005B 30 30
ADD 06/11/2003 YA053506
BCL 12/29/2006 B07010032 3005B 30 30
BCL 01/22/2007 B07010077 3005C 30 30
BCL 03/05/2007 B07030009 3005C 30 30
BCL 04/12/2007 B07040031 3005C 150 150
ADD 06/11/2003 YA053506
ADD 06/11/2003 YA053506
ADD 06/11/2003 YA053506
BCL 10/03/2007 E07100003 3005 (B) 30 30
ADD 06/11/2003 YA053506
BCL 10/25/2007 E07100013 3017 30 30
ADD 06/11/2003 YA053506
CURRENT PC BALANCE: 0 CURRENT BC BALANCE: 816

STATE OF CALIFORNIA
 CALCULATION WORKSHEET
 OBIS CREDIT CODES 3, 4, OR 6
 CDC 1897E, Electronic (04/00)

DEPARTMENT OF CORRECTIONS

CALCULATION WORKSHEET FOR PC SECTION 667(e) AND PC SECTION 2933.1

This form is used to calculate the Earliest Possible Release Date (EPRD) for inmates sentenced as a second-strike offender (Penal Code Sections 667(e) or 1170.12) and violent offenders whose offense date is on or after September 21, 1994. When sentenced as a second-strike offender, the OBIS credit code is 3 (20%). When the offense is a violent offense committed on or after September 21, 1994, the OBIS credit code is 4 (15%), or 6 (15%) if a second-strike violent offense.

Section A - Original EPRD Calculation		Section B - Days "C" or "D2" From Start Date through Original EPRD (Do not include C/D2 time that occurs after the original EPRD)	
1. Start Date	<u>6-11-03</u>		
2. Plus Time Imposed	<u>+ 21/04</u>		
	<u>= 10-11-24</u>		
3. Minus Pre/Postsentence Credit	<u>- 305</u>		
	<u>= 12-11-23</u>		
4. Minus Vested Credit [PC 667(e) divide by 2] [PC 2933.1 divide by 5.66] (round down)	<u>- 14</u>		
	<u>= 11-27-23</u>		
5. Plus Dead Time	<u>+ /</u>		
6. Equals Maximum Date	<u>= 11-27-23</u>		
7. Minus Start Date (Line 1)	<u>- 6-11-03</u>		
8. Equals days to serve	<u>= 2474</u>		
9. Minus Dead Time	<u>- /</u>		
10. Equals Days Where Credit May Be Applied	<u>= 7474</u>		
11. Equals CDC Conduct Credit (divide Line 10 by 5 [PC 667(e)] or 6.66 [PC 2933.1], round down)	<u>= 1494</u>		
12. Maximum Date (Line 6)	<u>11-27-23</u>		
13. Minus CDC Conduct Credit (Line 11)	<u>- 1494</u>		
14. Equals Original EPRD	<u>= 10-25-19</u>		

Section B - Days "C" or "D2" From Start Date through Original EPRD (Do not include C/D2 time that occurs after the original EPRD)			
From	Thru*		Number of Days**
<u>7-14-04</u>	<u>6-9-05</u>	<u>C/C</u>	<u>331</u>
<u>6-10-05</u>	<u>8-2-05</u>	<u>D2</u>	<u>54</u>
<u>8-3-05</u>	<u>4-11-07</u>	<u>C/C</u>	<u>617</u>
Total Days "C" and/or "D2" From Start Date to Original EPRD			<u>1002</u>
Equals CDC Conduct Credit Not Applied While C/D2 (divide total days C/D2 by 4 [PC 667(e)] or 5.66 [PC 2933.1] round down) <u>= 250</u>			
*If the current work group is "C" or "D2" use the original EPRD as the "THRU" date. If the last day of "D2" is earlier than the original EPRD, use the earlier date as the "THRU" date.			
**Number of Days equals "THRU" date minus "FROM" date plus 1 day.			

Section C - Credit Losses and Restorations			
Date of CDC 115	Loss	Restored	Net Loss
<u>Total</u>			
<u>Losses</u>			<u>330</u>
Net Credit Losses			<u>330</u>

Section D: Calculating Adjusted EPRD	
1. Original EPRD (from Section A, Line 14)	<u>10-25-19</u>
2. Plus Credit Not Applied While C/D2 (from Section B)	<u>+ 250</u>
3. Plus Net Credit Lost (from Section C)	<u>+ 330</u>
4. Equals Adjusted EPRD (cannot exceed Maximum Date):	<u>= 5-27-21</u>
5. Minus Maximum Date (from Section A, Line 6)	<u>- 11-27-23</u>
6. Equals Excess Credit Loss to Apply to Next Period Being Calculated***	<u>= /</u>

***Mixed Credit Codes: when credit lost exceeds credit applied (Adjusted EPRD is later than Maximum Date), subtract the Maximum Date from the Adjusted EPRD which equals the days lost to apply to the next period being calculated.

CALCULATED BY (Name and Title) <u>M. Dodd CCRA</u>		DATE <u>5-7-07</u>
INMATE'S NAME <u>Bloodshaw, T</u>	CDC NUMBER <u>P20045</u>	LOCATION <u>PBSP</u>

EXHIBIT

C

State of California

Memorandum

Date : November 6, 2007

DA DISMISS
(AND DETAINER REMOVAL)

To : M. D. Yax
Associate Warden
Central Services

From : Department of Corrections and Rehabilitation
Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000

Subject : PBSP INCIDENT #PBP-B08-07-04-0144, CRPB07-5089

On April 12, 2007, inmate **BLOODSAW, P-20045**, committed the following violation of the California Penal Code Section:

69 Resisting or Deterring an Officer
4501.5 Battery Upon a Person not a Prisoner

On May 4, 2007, the case was presented to the Del Norte District Attorney's Office for possible prosecution.


On May 29, 2007, the Del Norte County District Attorney's Office notified Pelican Bay State Prison that their office issued a complaint charging the above named inmate with the following violation of the Penal Code Section:

COUNT I 4501.5 Battery Upon a Person not a Prisoner
COUNT II 69 Resisting or Deterring an Officer

On November 6, 2007, the District Attorney's Office notified Pelican Bay State Prison that on October 26, 2007, the case was dismissed by the court, and the above named inmate will not be held to answer to the above charges.

The Court Liaison Office is no longer investigating the above named inmate. Please release the Detainer placed by this office. Any pending disciplinary action should be completed and a closure report prepared.

This closes our interest in this case. If you have any questions, please call my office at extension 9081 or 5526.


T. STEWART
Correctional Sergeant
Court Liaison Office

cc: Facility Captain
Facility S&E
Records
Security Squad
Inmate
OTC Desk
CLO File

STATE OF CALIFORNIA
ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE
CDC-114-D (Rev 10/98)

DEPARTMENT OF CORRECTIONS

DISTRIBUTION:
WHITE - CENTRAL FILE
BLUE - INMATE (2ND COPY)
GREEN - ASU

CANARY - WARDEN
PINK - HEALTH CARE MGR
GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME

CDC NUMBER

REASON(S) FOR PLACEMENT (PART A)

- ☐ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS
☐ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY
☒ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:

<input type="checkbox"/> CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL)		<input type="checkbox"/> IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / /	
DATE OF ASU PLACEMENT	SEGREGATION AUTHORITY'S PRINTED NAME	SIGNATURE	TITLE
DATE NOTICE SERVED	TIME SERVED	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE	SIGNATURE
INMATE REFUSED TO SIGN		INMATE SIGNATURE	CDC NUMBER

ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

STAFF ASSISTANT (SA)		INVESTIGATIVE EMPLOYEE (IE)	
STAFF ASSISTANT NAME	TITLE	INVESTIGATIVE EMPLOYEE'S NAME	TITLE
IS THIS INMATE: LITERATE? <input type="checkbox"/> YES <input type="checkbox"/> NO FLUENT IN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO ABLE TO COMPREHEND ISSUES? <input type="checkbox"/> YES <input type="checkbox"/> NO FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINING FIRST STAFF ASSISTANT ASSIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT ASSIGNED Any "NO" requires SA assignment		EVIDENCE COLLECTION BY IE UNNECESSARY <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINED ANY INVESTIGATIVE EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO ASU PLACEMENT IS FOR DISCIPLINARY REASONS <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT ASSIGNED Any "NO" may require IE assignment	

INMATE WAIVERS

- ☐ INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER ☒ INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME
☐ NO WITNESSES REQUESTED BY INMATE

INMATE SIGNATURE

DATE

WITNESSES REQUESTED FOR HEARING

WITNESS NAME	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER
WITNESS NAME	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER

DECISION: ☐ RELEASE TO UNIT/FACILITY ☐ RETAIN PENDING ICC REVIEW ☐ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION:

ADMINISTRATIVE REVIEWER'S PRINTED NAME	TITLE	DATE OF REVIEW	TIME	ADMINISTRATIVE REVIEWER'S SIGNATURE
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)		CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary)		DATE OF REVIEW

See chronological Classification Review document (CDC 128 - G) for specific hearing information

COOMS:NO GPL:3.3

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA

RULES VIOLATION REPORT

CDC NUMBER 9-20040	INMATE'S NAME B. J. [unclear]	RELEASE/BOARD DATE 5 28 7070	INST. FEEF	HOUSING NO. B1 1011	LOG NO. H07-04-0031
VIOLATED RULE NO(S). 5005 013		SPECIFIC ACTS BATTED CHAIRS AGAINST WALL	LOCATION B-1011	DATE 04-12-07	TIME 1855 HOURS
CIRCUMSTANCES					

[illegible]

This inmate is not EOP or Crisis Std. Following current guidelines for Mental Health Assessment, the circumstances of this offense have been carefully evaluated. The supervising supervisor has concluded that a REPORTING EMPLOYEE (Typed Name and Signature)

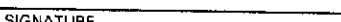

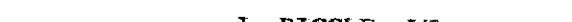



REPORTING OFFICER (Typed Name and Signature)		DATE		ASSIGNMENT		RDO'S	
<input checked="" type="checkbox"/> <i>[Signature]</i> REVIEWING SUPERVISOR'S SIGNATURE		DATE <i>4.17.07</i>		<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING BY FLOOR # <i>2</i>		<input type="checkbox"/> <i>2024</i>	
<input checked="" type="checkbox"/> <i>A. NAVARRO, SGT</i> CLASSIFIED		DATE <i>4/17/07</i>		DATE <i>4.13.07</i>		LOC. <i>A2-202C</i>	
<input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS		OFFENSE DIVISION: <i>B</i>		CLASSIFIED BY (Typed Name and Signature) <i>P. TERRY, LT</i>		HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC	
<input checked="" type="checkbox"/> <i>4/14/07</i> DATE		<input checked="" type="checkbox"/> <i>P. TERRY</i> CLASSIFIED BY (Typed Name and Signature)		COPIES GIVEN INMATE BEFORE HEARING			
<input type="checkbox"/> CDC 115		BY: (STAFF'S SIGNATURE) <i>R. MILLS, C/O</i>		DATE		TIME	
<input type="checkbox"/> INCIDENT REPORT LOG NUMBER.		BY: (STAFF'S SIGNATURE) <i>R. MILLS, C/O</i>		DATE		TIME	
HEARING		BY: (STAFF'S SIGNATURE) <i>R. MILLS, C/O</i>		DATE		TIME	

HEARING

Pop. 608-07 04 0144

(SEE ATTACHED HEARING SUMMARY)

Mental Health Assessment is not required

REFERRED TO <input type="checkbox"/> CLASSIFICATION <input type="checkbox"/> BPT/NAEA			
ACTION BY: (TYPED NAME)		SIGNATURE	
J. DIGGLE, LT			
REVIEWED BY: (SIGNATURE)		DATE	TIME
		21-07	1930
M. FOSS, FACILITY CAPTAIN		CHIEF DISCIPLINARY OFFICER'S SIGNATURE	
			
BY: (STAFF'S SIGNATURE)		DATE	
		04/27/00	
<input checked="" type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING		TIME	
CDC 115 (7/99)			

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

SERIOUS RULES VIOLATION REPORT

CDC NUMBER P-20045	INMATE'S NAME BLOODSAY	VIOLATED RULE NO(S) 3005(c)	DATE 04-12-07	INSTITUTION PESP	LOG NO. B07-04-0031
------------------------------	----------------------------------	---------------------------------------	-------------------------	----------------------------	-------------------------------

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☒ YES ☐ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input checked="" type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE <i>[Signature]</i>	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE	DATE
DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE	DATE

STAFF ASSISTANT

STAFF ASSISTANT	INMATE'S SIGNATURE <i>[Signature]</i>	DATE
<input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE		
<input checked="" type="checkbox"/> ASSIGNED	DATE 4/11/07	NAME OF STAFF JK Mills
<input type="checkbox"/> NOT ASSIGNED	REASON	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE <i>[Signature]</i>	DATE
<input type="checkbox"/> REQUESTED <input checked="" type="checkbox"/> WAIVED BY INMATE		
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON DNMC Per 3315 (d) (1)	

EVIDENCE / INFORMATION REQUESTED BY INMATE

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)					
<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> NONE	
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

INVESTIGATOR'S SIGNATURE <i>[Signature]</i>		DATE
<input type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	TIME 12:30
		DATE 4/18/07

STATE OF CALIFORNIA

RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS

PAGE 1 OF 2

CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	LOG NUMBER B07-04-0031	INSTITUTION PBSP	TODAY'S DATE 4/23/07
-----------------------	---------------------------	---------------------------	---------------------	-------------------------

<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> CDC 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT	<input type="checkbox"/> OTHER
---------------------------------------	--	--	---	--------------------------------------	--------------------------------

Hearing: On 04-21-2007 at approximately 1930 hours, BLOODSAW was given the opportunity to attend this disciplinary hearing. BLOODSAW declined. When informed by staff that he needed to sign a CDC 128-B confirming that he had refused to attend, BLOODSAW refused to sign. At this institution, force will not be used to coerce attendance at a hearing. For this reason, his refusal to attend was accepted and the hearing was held in his absence. A CDC 128-B with the signature of two staff witnesses (C/O C. Speaker and C/O J. Keeling) to his refusal was completed.

District Attorney: Per the California Department of Corrections (CDC) Form 115-A, BLOODSAW was advised by the Staff Assistant prior to this disciplinary hearing that this has been referred for possible prosecution and that he can postpone his hearing pending resolution of prosecution. The Staff Assistant informed him that any statements could be used against him in a court of law. There is no reason to believe that BLOODSAW signed a written postponement request.

Due Process: The behavior of this inmate was evaluated at the time that the Reviewing Supervisor reviewed this disciplinary report. The Reviewing Supervisor concluded that a mental health assessment was not required. The SHO concurs. There is no compelling need for a mental health assessment based upon the circumstances given in this report. The disciplinary was served on the inmate within 15 days of discovery and the hearing was held within 30 days of service. The inmate received his copies of all documents more than 24 hours in advance of the hearing. There are no due process issues.

Staff Assistant: BLOODSAW was assigned a Staff Assistant as BLOODSAW is illiterate (reading score of 4.0 or less). The assigned SA, Correctional Officer C. Leveque, was present at the hearing and confirmed that he interviewed BLOODSAW more than 24 hours in advance. Officer Leveque confirmed that he had explained hearing procedures, disciplinary charges, the evidence supporting these charges and the right to request confidentiality.

Investigative Employee: BLOODSAW has no apparent interest in an investigation on his behalf. The issues are not complex and available information is sufficient. I.E. assignment is unnecessary.

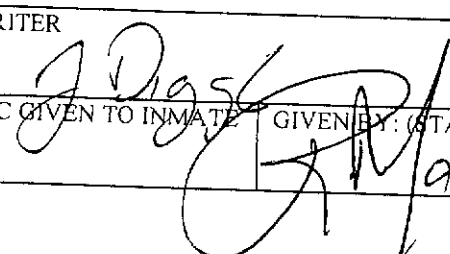
Witnesses: No witnesses were called to this hearing. None were listed on the CDC 115-A as requested by the inmate and the SHO did not require any additional testimony.

Video/photo evidence: Videotape and photographic evidence was not an issue for this hearing.

As BLOODSAW did not attend the hearing, a plea was not entered and he did not present any testimony in his own defense. The hearing was decided based upon the following written evidence: CDC 115 of 04-12-2007 as well as the incident report.

Finding: Guilty of the Div. B (1) offense BATTERY ON A PEACE OFFICER. Battery means the deliberate use of force or violence on the person of another. Battery includes intentionally striking the person of another as well as the clothing or any object closely associated with that person. If the battery is unintentional, the inmate remains responsible if it is the result of reckless indifference. Reckless indifference means that any reasonable person committing the intended action would understand that battery was probable. This offense also requires that the victim of this battery qualify as a peace officer. In general, this means custody, counseling, administrative and MTA staff members. This finding is based upon the following preponderance of evidence:

A. The testimony of Correctional Officer J. Thom, in the disciplinary report of 04-12-2007, wherein Officer Thom testifies that on 04-12-2007, at approximately 1855 hours, He and Officer Holmes were issuing legal mail to BLOODSAW from the floor officer's station. BLOODSAW seemed agitated when he entered the officer's station. Officer Thom and Officer

SIGNATURE OF WRITER		TITLE		DATE NOTICE SIGNED	
J. DIGGLE		Correctional Lieutenant		4/23/07	
COPY OF CDC-115-C GIVEN TO INMATE		GIVEN BY: (STAFF'S SIGNATURE)		DATE SIGNED:	TIME SIGNED:
				042707	1300

RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS

PAGE 2 OF 2

CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	LOG NUMBER B07-04-0031	INSTITUTION PBSP	TODAY'S DATE 4/23/07
<input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> CDC 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> I.E. REPORT <input type="checkbox"/> OTHER				

Holmes attempted to counsel BLOODSAW on his behavior. BLOODSAW was not receptive, and started yelling, "Fuck you, fuck you, you white motherfuckers, you can suck my dick." Officer Thom and Officer Holmes gave BLOODSAW a direct order to return to his cell. Officer Thom escorted BLOODSAW back to A section. BLOODSAW was still yelling and cursing, when approximately two feet from the A section door he turned left into a bladed stance. Officer Thom ordered BLOODSAW to get down. Instead, BLOODSAW took a step toward Officer Thom. Officer Thom grabbed BLOODSAW by the front of his shirt with his right hand and wrapped his left hand around BLOODSAW's upper body, pulling BLOODSAW down. With the help of Officer Holmes, they placed BLOODSAW on the floor in the prone position. BLOODSAW continued to fight, refusing numerous orders to submit to handcuffs. Officer Thom pulled BLOODSAW's right hand behind his back so Officer Holmes could place handcuffs on BLOODSAW. BLOODSAW kicked Officer Thom in the right knee while the officers were trying to restrain him.

B. The 837C Crime / Incident report written by Correctional Officer T. Holmes, where Officer Holmes states that at some point during the incident, he sustained an injury to his right ring finger. The 7219 Medical Report of Injury reflects that Officer Holmes had swelling to his right ring finger.

C. The fact that BLOODSAW kicked Officer Thom in the right knee clearly supports the charge of battery.

Disposition: Assessed 150 day credit forfeiture for this Div. B offense. Referred to classification for SHU assessment. BLOODSAW is referred to CCR §3084.1 and following for additional information on appeal procedures.

Additional penalties: None

SIGNATURE OF WRITER J. DIGGLE		TITLE Correctional Lieutenant	DATE NOTICE SIGNED 4/23/07
COPY OF CDC-115-C GIVEN TO INMATE	GIVEN BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	DATE SIGNED: 042707	TIME SIGNED: 1300

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART A1 - COVER SHEET

CDCR 837 - A (Rev. 07/05)

PAGE 1 OF 5

INCIDENT LOG NUMBER

PBP-B08-07-04-0144

INCIDENT DATE

April 12, 2007

INCIDENT TIME

1855 hours

INSTITUTION

PBSP

FACILITY

B

FACILITY LEVEL

☐ I☐ II☐ III☒ IV

INCIDENT SITE

B-8

LOCATION

Rotunda

☐ ASU☐ SNY☒ GP☐ SHU☐ PHU☐ RC☐ PSU☐ CTC

SEG YARD

☐ ASU☐ WA☐ RM

USE OF FORCE

☒ YES ☐ NO

SPECIFIC CRIME / INCIDENT

BATTERY ON A PEACE OFFICER

☒ CCR ☐ PC ☐ N/A

NUMBER/SUBSECTION: 3005 (c)

D.A. REFERRAL ELIGIBLE

☒ YES ☐ NO

CRISIS RESPONSE TEAM ACTIVATED

☐ YES ☒ NO

MUTUAL AID REQUESTED

☐ YES ☒ NO

PIO/AA NOTIFIED

☒ YES ☐ NO

RELATED INFORMATION (CHECK ALL THAT APPLY OR N/A)

DEATH	CAUSE OF DEATH	ASSAULT / BATTERY	TYPE OF ASSAULT / BATTERY			
<input type="checkbox"/> INMATE	<input type="checkbox"/> ACCIDENTAL	<input type="checkbox"/> ON INMATE	<input checked="" type="checkbox"/> BEATING	<input type="checkbox"/> SPEARING		
<input type="checkbox"/> STAFF	<input type="checkbox"/> EXECUTION	<input checked="" type="checkbox"/> ON STAFF	<input type="checkbox"/> GASSING	<input type="checkbox"/> STABBING		
<input type="checkbox"/> VISITOR	<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> ON VISITOR	<input type="checkbox"/> POISONING	<input type="checkbox"/> STRANGLING		
<input type="checkbox"/> OTHER	<input type="checkbox"/> SUICIDE	<input type="checkbox"/> OTHER:	<input type="checkbox"/> SEXUAL	<input type="checkbox"/> OTHER:		
<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> OVERDOSE	<input type="checkbox"/> N/A	<input type="checkbox"/> SHOOTING	<input type="checkbox"/> N/A		
			<input type="checkbox"/> SLASHING			
SERIOUS INJURY	INMATE WEAPONS		SHOTS FIRED / TYPE WEAPON / FORCE			
<input type="checkbox"/> INMATE	<input type="checkbox"/> CHEMICAL SUBSTANCE	TYPE:	WEAPON:	WARNING#	EFFECT #	TYPE: NO:
<input type="checkbox"/> STAFF	<input type="checkbox"/> CLUB / BLUDGEON	<input type="checkbox"/> COMMERCIAL WEAPON	<input type="checkbox"/> MINI 14			BATON ROUND
<input type="checkbox"/> VISITOR	<input type="checkbox"/> EXPLOSIVE		<input type="checkbox"/> 38 CAL.			WOOD
<input type="checkbox"/> OTHER	<input type="checkbox"/> FIREARM	<input type="checkbox"/> INMATE MANUFACTURED WEAPON	<input type="checkbox"/> 9MM			RUBBER
<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> HANDS / FEET		<input type="checkbox"/> SHOTGUN			FOAM
	<input type="checkbox"/> KNIFE		LAUNCHER:			STINGER:
	<input type="checkbox"/> SAP/SLUNG SHOT		<input type="checkbox"/> 37MM			.32 (A)
	<input type="checkbox"/> PROJECTILE		<input type="checkbox"/> L8			.60 (B)
ESCAPES	<input type="checkbox"/> SPEAR		<input type="checkbox"/> 40 MM			EXACT IMPACT
<input type="checkbox"/> W / FORCE	<input type="checkbox"/> SLASHING INSTRUMENT: (TYPE)		<input type="checkbox"/> 40 MM MULTI			CTS 4557
<input type="checkbox"/> W/O FORCE	<input type="checkbox"/> STABBING INSTRUMENT: (TYPE)		<input type="checkbox"/> HFWRs			XM 1006
<input type="checkbox"/> ATTEMPTED	<input type="checkbox"/> OTHER:		FORCE:			CHEMICAL:
<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY FLUID	<input type="checkbox"/> OTHER FLUID	<input type="checkbox"/> EXPANDABLE BATON			<input type="checkbox"/> OC
	<input type="checkbox"/> UNKNOWN LIQUID		<input checked="" type="checkbox"/> PHYSICAL FORCE			<input type="checkbox"/> CN
	<input type="checkbox"/> N/A		<input type="checkbox"/> X10			<input type="checkbox"/> CS
			<input type="checkbox"/> OTHER:			<input type="checkbox"/> N/A

CONTROLLED SUBSTANCE	WEIGHT	PROGRAM STATUS	EXCEPTIONAL ACTIVITY	
<input type="checkbox"/> POSITIVE UA	<input type="checkbox"/> WITH PACKAGING	<input type="checkbox"/> MODIFIED PROGRAM	<input type="checkbox"/> EMPLOYEE JOB ACTION	<input type="checkbox"/> WEATHER
<input type="checkbox"/> CONTROLLED MEDS	<input type="checkbox"/> WITHOUT PACKAGING	<input type="checkbox"/> LOCKDOWN	<input type="checkbox"/> ENVIRONMENTAL HAZARD	<input type="checkbox"/> SEARCH WARRANT
	PRELIMINARY LAB	<input type="checkbox"/> STATE OF EMERGENCY	<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> ARREST
<input type="checkbox"/> AMPHETAMINE			<input type="checkbox"/> FIRE	<input type="checkbox"/> OTHER:
<input type="checkbox"/> BARBITUATES		IF YES, LIST AFFECTED PROGRAMS	<input type="checkbox"/> GANG/DISRUPTIVE GROUP	
<input type="checkbox"/> COCAINE			<input type="checkbox"/> HOSTAGE	
<input type="checkbox"/> CODEINE			<input type="checkbox"/> INMATE STRIKE	EXTRACTION:
<input type="checkbox"/> HEROIN			<input type="checkbox"/> MAJOR DISTURBANCE	<input type="checkbox"/> CONTROLLED
<input type="checkbox"/> MARIJUANA/THC			<input type="checkbox"/> MAJOR POWER OUTAGE	<input type="checkbox"/> IMMEDIATE
<input type="checkbox"/> METHAMPHETAMINE			<input type="checkbox"/> NATURAL DISASTER	
<input type="checkbox"/> MORPHINE			<input type="checkbox"/> PUBLIC DEMONSTRATION	
<input type="checkbox"/> OTHER:		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> SPECIAL INTEREST / M	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> N/A				

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES):

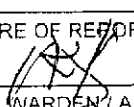
On Thursday, April 12, 2007 at approximately 1855 hours, Inmate BLOODSAW, P-20045, B8-101L, battered staff by attempting to break escort and resisting staff, necessitating the use of physical force to gain compliance. While staff was attempting to restrain BLOODSAW, BLOODSAW kicked Officer J. Thom in the right knee.

SUSPECTS: BLOODSAW, P-20045, B8-101L

VICTIMS: Officer J. Thom, Officer T. Holmes

COMPLETE SYNOPSIS / SUMMARY ON PART A1

Reviewed By: Facility Captain M. Foss

NAME OF REPORTING STAFF (PRINT/TYPE)	TITLE	ID #	BADGE #
R. Tupy	Lieutenant	N/A	55479
SIGNATURE OF REPORTING STAFF	PHONE EXT. (INCIDENT SITE)	DATE	
	7953	04/12/2007	
NAME OF WARDEN / AOD (PRINT/SIGN)	TITLE	DATE	
ROBERT A. HOREL	Warden		

STATE OF CALIFORNIA

PART A1 - SUPPLEMENT

CDCR 837 - A1 (07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PAGE

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OF

5

INCIDENT LOG NUMBER
PBP-B08-07-04-0144

INSTITUTION

Pelican Bay State Prison

FACILITY

B

INCIDENT DATE

April 12, 2007

INCIDENT TIME

1855 hours

TYPE OF INFORMATION

☒ SYNOPSIS/SUMMARY OF INCIDENT☐ SUPPLEMENTAL INFORMATION☐ AMENDED INFORMATION☐ CLOSURE REPORT

NARRATIVE:

BLOODSAW was in the B8 Officer's station getting his legal mail when he became verbally abusive to staff. B8 Floor staff ordered BLOODSAW to return to his cell. As BLOODSAW was being escorted back to his cell, he turned and assumed a bladed stance. Officer Thom ordered BLOODSAW to get down, BLOODSAW refused and lunged towards Officer Thom. Officer Thom and Officer Holmes utilized physical force to get BLOODSAW into the prone position on the ground. During this time, BLOODSAW kicked Officer THOM in the right knee.

ESCORTS: Officers C. Chapman and T. Wadsworth escorted BLOODSAW from B8 to the B Facility Hobby Shop Holding Cell #1.

MENTAL HEALTH DELIVERY SYSTEM CLASSIFICATION: Inmate BLOODSAW was not a participant in the Mental Health Delivery System at the time of this incident.

MEDICAL REPORTS/INJURIES TO STAFF: MTA J. Keys medically evaluated Officer J. Thom and prepared a CDC 7219 noting the following: pain in the right knee, an abrasion/scratch to the left wrist and right thumb. MTA Keys medically evaluated Officer T. Holmes and noted the following: a swollen right ring finger.

MEDICAL REPORTS/INJURIES TO INMATES: MTA Keys medically evaluated BLOODSAW and prepared a CDC 7219 noting the following: Dried blood on the left nostril and lower lip, pain in the neck and left knee.

CRIME SCENE/EVIDENCE: A crime scene was not established and no evidence was collected from this incident.

USE OF FORCE: Officers J. Thom, T. Holmes and L. Northrup utilized physical force to gain control of BLOODSAW.

STATUS OF VIDEOTAPED INTERVIEW: BLOODSAW was offered a video interview due to the injury to his lip. A video interview will be conducted on April 13, 2007.

CONCLUSION: Inmate BLOODSAW will be charged under the California Code of Regulations (CCR), Title 15, Section 3005 (c), specifically BATTERY ON A PEACE OFFICER. This case has been referred to the Del Norte County District Attorneys Office for possible felony prosecution.

NOTIFICATIONS: The Administrative Officer of the Day, Associate Warden M. Cook was notified of this incident through the Watch Commander's Office. The Warden and all appropriate administrative staff were notified of this incident through the Watch Commander's Office. CCPOA Chapter President R. Newton was notified of this incident through the Watch Commander's Office. You will be notified of any changes, should they occur, through supplemental reports.

OVERTIME: There was no overtime incurred as a result of this incident.

Reviewed By: Facility Captain M. Foss

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT/TYPE)

R. Tupy

TITLE

Lieutenant

ID #

N/A

BADGE #

55479

SIGNATURE OF REPORTING STAFF

PHONE EXT. (INCIDENT SITE)

7953

DATE

04/12/2007

NAME OF WARDEN / AOD (PRINT/SIGN)

ROBERT A. HOPE

TITLE

Warden

DATE

Incident number: PBP-B08-07-04-0144

Inmates charged with a disciplinary offense related to this incident will not receive a copy of the CDC 837-B as part of the evidence for their disciplinary hearing.

Per the memorandum of June 11, 1998 CLARIFICATION OF REQUIRED REPORTS FOR CALIFORNIA DEPARTMENT OF CORRECTIONS FORM 115, RULE VIOLATION REPORT HEARINGS, it is not required that the inmate receive a copy of the 837-B as part of his prehearing documents. A list of the participants may be substituted. This is the list of participants authorized by that memorandum.

BLOODSAW	P-20045	TUPY, R.	Correctional Lieutenant
		PEPIOT, A. .	Correctional Sergeant
		CHAPMAN, C. .	Correctional Officer
		HOLMES, T. .	Correctional Officer
		NORTHROP, L. .	Correctional Officer
		SILVA, J. .	Correctional Officer
		THOM, J. .	Correctional Officer
		WADSWORTH, T. .	Correctional Officer
		KEYS, J. .	MTA

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

PAGE

1

OF

1

INCIDENT LOG NUMBER
PBP-B08-07-04-0144

NAME: LAST Pepiot		FIRST A.		MI L.	INCIDENT DATE 4-12-07	INCIDENT TIME 1855 Hours
POST # 370376	POSITION Facility B Program Sergeant	YEARS OF SERVICE 5 Years 06 Months		DATE OF REPORT 4-12-07	LOCATION OF INCIDENT B 8 Rotunda	
RDO's F/S	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT Battery on Peace Officer			CCR SECTION / RULE 3005 (c) <input type="checkbox"/> N/A	
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES INVOLVED (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)		
<input type="checkbox"/> PRIMARY		(s) C/O J. Thom		(s) BLOODSAW P-20045 B8-101L		
<input checked="" type="checkbox"/> RESPONDER		(s) C/O T. Holmes				
<input type="checkbox"/> WITNESS		(s) C/O L. Northrup				
<input type="checkbox"/> VICTIM		(s) C/O C. Chapman				
<input type="checkbox"/> CAMERA		(s) C/O T. Wadsworth				
FORCE USED BY YOU		WEAPONS AND SHOTS FIRED BY YOU			CHEMICAL AGENTS USED BY YOU	
<input type="checkbox"/> WEAPON		NO: NO: TYPE:			TYPE:	
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> MINI-14 <input type="checkbox"/> 37 MM			<input type="checkbox"/> OC	
<input type="checkbox"/> CHEMICAL		<input type="checkbox"/> 9 MM <input type="checkbox"/> 40 MM			<input type="checkbox"/> CN	
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> 3B CAL <input type="checkbox"/> LB			<input type="checkbox"/> CS	
FORCE OBSERVED		<input type="checkbox"/> SHOTGUN <input type="checkbox"/> 40 MULTI			<input type="checkbox"/> OTHER:	
BY YOU		<input type="checkbox"/> HFWSR			<input type="checkbox"/> N/A	
<input type="checkbox"/> WEAPON		<input type="checkbox"/> BATON			<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> PHYSICAL						
<input type="checkbox"/> CHEMICAL						
<input checked="" type="checkbox"/> NONE						
EVIDENCE COLLECTED		EVIDENCE DESCRIPTION		EVIDENCE DISPOSITION		BIO HAZARD
BY YOU						PPE
<input type="checkbox"/> YES						<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> NO
REPORTING STAFF INJURED	DESCRIPTION OF INJURY		LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE		SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES				<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN		<input checked="" type="checkbox"/> NO
				<input type="checkbox"/> OTHER		

NARRATIVE:

On Thursday, April 12, 2007, while assigned as the "B" Facility program Sergeant, I responded to an alarm in building B-8, at approximately 1855 hours. I arrived to find an inmate and three officers on the floor in the rotunda. The inmate later identified as BLOODSAW P-20045, housed in B-8 cell 101L was in a prone position being held down by Correctional officers J. Thom, T. Holmes and L. Northrup. C/O Thom was on BLOODSAW'S right side, C/O Holmes was on BLOODSAW'S left side and C/O Northrup was holding BLOODSAW'S legs. C/O C. Chapman placed leg irons on BLOODSAW'S legs. Thom and Holmes helped BLOODSAW to his feet where C/O's Chapman and Wadsworth then took over the escort. BLOODSAW was then escorted to the B yard hobby shop and placed in holding cell number (1) one. Medical Technical Assistant J. Keys then performed a 7219 medical report on BLOODSAW. BLOODSAW was then taken to the (CTC) Correctional Treatment Center for further evaluation and released back to the yard to be re-housed. BLOODSAW was re-housed into B-7 cell 127L and CTQ'D Confined to Quarters pending placement into Administrative Segregation.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF A. Pepiot	TITLE Sergeant.	BADGE # 64308	DATE 4-12-07
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C – STAFF REPORT

CDCR 837-C (Rev. 07/05)

PAGE 1 OF 2 INCIDENT LOG NUMBER PBP-B08-07-04-0144

NAME: LAST HOLMES		FIRST T.	MI R.	INCIDENT DATE 04/12/07	INCIDENT TIME 1855
POST # 371628	POSITION B8 FLOOR OFFICER	YEARS OF SERVICE 4 Years 5 Months	DATE OF REPORT 04/12/07	LOCATION OF INCIDENT B8 ROTUNDA	
RDO's S/S	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT BATTERY ON A PEACE OFFICER		CCR SECTION / RULE 3005 (c) <input type="checkbox"/> N/A	

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES INVOLVED (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input type="checkbox"/> PRIMARY	(S) C/O J. THOM	(S) C/O T. WADSWORTH	(S) BLOODSAW	(P20045, B8-101L)
<input checked="" type="checkbox"/> RESPONDER	(S) C/O L. NORTHRUP	(S) C/O J. SILVA		
<input type="checkbox"/> WITNESS	(S) C/O C. CHAPMAN			
<input type="checkbox"/> VICTIM	(S) SGT. A. PEPIOT			
<input type="checkbox"/> CAMERA				

FORCE USED BY YOU	WEAPONS AND SHOTS FIRED BY YOU			CHEMICAL AGENTS USED BY YOU
<input type="checkbox"/> WEAPON				
<input checked="" type="checkbox"/> PHYSICAL				
<input type="checkbox"/> CHEMICAL				
<input type="checkbox"/> NONE				
FORCE OBSERVED BY YOU				
<input type="checkbox"/> WEAPON				
<input checked="" type="checkbox"/> PHYSICAL				
<input type="checkbox"/> CHEMICAL				
<input type="checkbox"/> NONE				

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO
REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input checked="" type="checkbox"/> YES	SPRAINED RIGHT RING FINGER	B-FACILITY MEDICAL CLINIC	<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	<input type="checkbox"/> NO

NARRATIVE:

ON THURSDAY, 4/12/07 AT APPROXIMATELY 1855 HOURS, WHILE CONDUCTING LEGAL MAIL ISSUE IN THE B8 FLOOR OFFICERS STATION, I ASKED CONTROL BOOTH OFFICER J. SILVA TO HAVE INMATE (I/M) BLOODSAW (P20045, B8-101L) REPORT TO THE OFFICE TO RECEIVE HIS LEGAL MAIL. I/M BLOODSAW REPORTED TO THE OFFICE AND APPEARED TO BE AGGITATED. I TOLD BLOODSAW TO SIGN FOR HIS LEGAL MAIL. BLOODSAW SAID "FUCK YOU WHITE MOTHERFUCKER. SUCK MY DICK". I/M BLOODSAW THEN SIGNED FOR HIS LEGAL MAIL. SENSING BLOODSAW'S AGGITATION, I ORDERED BLOODSAW TO RETURN TO HIS CELL. BLOODSAW BECAME VERBALLY ABUSIVE AND CONTINUED HIS VERBAL ASSAULT. CORRECTIONAL OFFICER (C/O) J. THOM SAID "YOU NEED TO TAKE IT BACK TO YOUR HOUSE" AND STOOD UP FROM HIS CHAIR INSIDE THE OFFICE. C/O J. THOM THEN BEGAN TO ESCORT BLOODSAW TOWARDS THE "A" SECTION DOOR. I THEN HEARD C/O J. THOM YELL "GET DOWN" FROM WHAT SOUNDED LIKE THE ROTUNDA AREA NEAR THE "A" SECTION DOOR. I IMMEDIATELY RESPONDED TO THE ROTUNDA NEAR THE "A" SECTION DOOR AND SAW I/M BLOODSAW STANDING IN A BLADED STANCE FACING C/O J. THOM. I SAW C/O J. THOM ATTEMPT TO GRASP BLOODSAW AROUND HIS UPPER TORSO AREA. I GRASPED BLOODSAW WITH MY LEFT HAND AROUND BLOODSAW'S LEFT

* CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>J. Holmes</i>	TITLE C/O	BADGE # 66538	DATE 4/12/07
NAME AND TITLE OF REVIEWER (PRINT SIGNATURE) <i>A. Pepiot SGT</i>	DATE RECEIVED 4-12-07	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE 4-12-07		DATE	

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**CRIME / INCIDENT REPORT
PART C1 - SUPPLEMENT**

CDCR 837-C1 (Rev. 07/05)

PAGE

2

OF

2

INCIDENT LOG NUMBER
PBP-B08-07-04-0144

NAME: LAST

FIRST

MI

TYPE OF INFORMATION



CONTINUATION OF REPORT



ADDITIONAL INFORMATION



CLARIFICATION REQUEST

NARRATIVE

UPPER ARM AND PLACED MY RIGHT HAND (PALM OPEN) ONTO BLOODSAW'S UPPER BACK AREA. I SAW THAT C/O J. THOM HAD POSITIONED HIMSELF NEAR MYSELF AND I/M BLOODSAW. C/O J. THOM APPEARED TO HAVE A HOLD OF BLOODSAW'S UPPER BACK AREA. USING A DOWNWARD PULLING MOTION WITH MY LEFT ARM AND STRENGTH, I PULLED BLOODSAW DOWN TO THE ROTUNDA FLOOR WITH THE HELP OF C/O J. THOM'S PULLING MOTION. AS WE BROUGHT BLOODSAW TO THE FLOOR, BLOODSAW WAS IN THE PRONE POSITION. I COULD FEEL BOTH OF BLOODSAW'S LEGS KICKING REPEATEDLY IN VERY FORCEFUL FORWARD AND BACKWARD MOTIONS AS HE WAS LAYING ON THE GROUND. I ORDERED BLOODSAW TO STOP KICKING. BLOODSAW DID NOT COMPLY WITH MY ORDERS AND CONTINUED TO KICK. I THEN RETRIEVED MY HANDCUFF RESTRAINTS AND ORDERED BLOODSAW TO "CUFF UP". BLOODSAW'S HANDS WERE POSITIONED NEAR HIS FACE AREA. BLOODSAW DID NOT COMPLY WITH MY ORDER TO CUFF UP AND USED HIS OWN STRENGTH TO MAINTAIN HIS HAND POSITIONING. I USED MY LEFT HAND TO GRAB A HOLD OF BLOODSAW'S LEFT WRIST AND USED A REAR PULLING MOTION TO GUIDE BLOODSAW'S LEFT ARM BEHIND HIS BACK. I APPLIED ONE HANDCUFF RESTRAINT TO BLOODSAW'S LEFT WRIST AND MAINTAINED CONTROL OF HIS LEFT LOWER ARM AREA WITH MY LEFT HAND. BLOODSAW WAS TRYING TO PULL HIS LEFT ARM BACK UP TOWARDS HIS FACE AREA IN A CLEAR ATTEMPT OF NON-COMPLIANCE, ALL THE WHILE STILL ATTEMPTING TO KICK. I LOOKED BACK AND SAW THAT C/O L. NORTHRUP HAD RESPONDED TO THE INCIDENT AND WAS NOW USING HIS BODY-WEIGHT TO MAINTAIN CONTROL OF BLOODSAW'S LOWER LEGS. I THEN SAW THAT C/O J. THOM HAD PULLED BLOODSAW'S RIGHT ARM BEHIND HIS BACK AND I WAS ABLE TO APPLY THE RIGHT HANDCUFF RESTRAINT ONTO BLOODSAW'S RIGHT WRIST AREA. I THEN SAW RESPONDING STAFF ARRIVING INTO THE B8 ROTUNDA AREA. I HEARD SERGEANT A. PEPIOT SAY TO TAKE BLOODSAW TO THE HOBBY SHOP. C/O J. THOM AND I STOOD BLOODSAW TO HIS FEET. C/O T. WADSWORTH AND C/O C. CHAPMAN THEN RELIEVED C/O J. THOM AND I ON THE ESCORT AND ESCORTED BLOODSAW OUT OF THE B8 ROTUNDA TOWARD THE B-YARD HOBBY SHOP. AFTER THE INCIDENT WAS COMPLETED, I REPORTED TO THE B-FACILITY MEDICAL CLINIC TO BE EVALUATED FOR AN APPARENT SPRAIN TO MY RIGHT RING FINGER, SUSTAINED AT AN UNKNOWN TIME DURING THE INCIDENT. THIS ENDS MY INVOLVEMENT IN THIS INCIDENT.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF <i>[Signature]</i>	TITLE C/O	BADGE # 66538	DATE 4/12/07
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>A. Pepiot SGT</i>	DATE RECEIVED 4-12-07	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO
Distribution: Original Incident Package Copy: Reporting Employee		Copy: Reviewing Supervisor	

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

PAGE 1 OF 2

INCIDENT LOG NUMBER

PBP-08-07-04-0144

NAME: LAST

Northrup

FIRST

L

MI

W

INCIDENT DATE

4-12-07

INCIDENT TIME

1855

POST #

371620

POSITION

B-7 floor

YEARS OF SERVICE

4 Years 10 Months

DATE OF REPORT

4-12-07

LOCATION OF INCIDENT

B-8

RDO's

5/5

DUTY HOURS

14-2200

DESCRIPTION OF CRIME / INCIDENT

Battery on Peace Officer

CCR SECTION / RULE

3005 (C)

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input type="checkbox"/> PRIMARY	Sgt A. Peprut (S)	
<input checked="" type="checkbox"/> RESPONDER	C/O T. Holmes (S)	
<input type="checkbox"/> WITNESS	C/O J. Thom (S)	
<input type="checkbox"/> VICTIM	C/O C. Chapman (S)	
<input type="checkbox"/> CAMERA	C/O T. Wadsworth (S)	

FORCE USED BY YOU	WEAPONS AND SHOTS FIRED BY YOU	CHEMICAL AGENTS USED BY YOU
<input type="checkbox"/> WEAPON	NO:	TYPE:
<input checked="" type="checkbox"/> PHYSICAL	<input type="checkbox"/> MINI-14	<input type="checkbox"/> OC
<input type="checkbox"/> CHEMICAL	<input type="checkbox"/> 9 MM	<input type="checkbox"/> CN
<input type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	<input type="checkbox"/> CS
FORCE OBSERVED BY YOU	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> OTHER:
<input type="checkbox"/> WEAPON	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> PHYSICAL	<input type="checkbox"/> 37 MM	
<input type="checkbox"/> CHEMICAL	<input type="checkbox"/> 40 MM	
<input type="checkbox"/> NONE	<input type="checkbox"/> LB	
	<input type="checkbox"/> 40 MULTI	
	<input type="checkbox"/> HFWS	
	<input type="checkbox"/> BATON	

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> UNKNOWN	
			<input type="checkbox"/> OTHER:	

NARRATIVE: On 4-12-07 at approximately 1855 hours, I was working as B-7 floor officer. I was in B-8 talking with Correction Officer C/O T. Holmes while he was conducting legal mail pass when inmate (Ym) Bloodsaw, P-20045 came down to the office for his legal mail. C/O Holmes and C/O J. Thom also were counseling him on his behavior earlier in the day. As the conversation progressed, Bloodsaw became increasingly louder and belligerent while arguing. He began to yell obscenities at C/O Thom stating "Suck my dick" and "fuck you". At this point C/O Holmes gave Bloodsaw a direct order to "take it back home". As Bloodsaw turned to go back to "A" section he continued

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF	TITLE	BADGE #	DATE
A.W. [Signature]	C/O	65647	4-12-07
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED	CLARIFICATION NEEDED
A. Ponce Sr [Signature]	4-12-07	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C1- SUPPLEMENT
CDCR 837-C1 (Rev. 07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

NAME: LAST

Northrup

FIRST

PAGE 2 OF 2

INCIDENT LOG NUMBER

PBP-08-07-04-0144

MI

W

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

NARRATIVE:

to yell obscenities so %o Thom followed him out the door toward "A" section to ensure he went straight back to his cell. I began talking to %o Holmes, still inside the office, when I heard %o Thom yell "get down". I immediately ran out of the office behind %o Holmes and observed %o Thom and %m Bloodsaw clenched together struggling. %o Holmes was in front of me and grabbed Bloodsaw's upper body area and assisted in taking Bloodsaw to the ground. While on the ground Bloodsaw continued resisting by kicking his feet up and down and back and forth. %o Thom and %o Holmes were struggling with Bloodsaw's upper body so I grabbed his feet in an attempt to subdue them. Bloodsaw continued to attempt to kick me so I placed my full upper body weight on his legs. I heard %o Holmes order Bloodsaw to "Cuff up". "Give me your arm" and continued to struggle before placing him in handcuffs. As responding staff arrived I began yelling for someone to get me some leg irons. %o C. Chapman then stepped forward and placed Bloodsaw in leg irons. I then heard Sergeant A. Pepiot say "get him up, take him to the hobby shop". %o Holmes was on his left side with %o Thom on his right side. They assisted Bloodsaw to his feet when %o Chapman and %o T. Wadsworth took over the escort. They escorted Bloodsaw out of B-8. This concludes my involvement in this incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

J.W. [Signature]

TITLE

%o

BADGE #

65647

DATE

4-12-07

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

PAGE 1 OF 2

INCIDENT LOG NUMBER

PBP-B08-07-04-0144

NAME: LAST

Thom

FIRST

James

MI

C

INCIDENT DATE

4.12.07

INCIDENT TIME

1855

POST #

271630

POSITION

B8 Activities

YEARS OF SERVICE

15 Years / Months

DATE OF REPORT

4.12.07

LOCATION OF INCIDENT

B5-Rotunda

RDO's

5/5/14

DUTY HOURS

0600/400

DESCRIPTION OF CRIME / INCIDENT

Battery on a Peace Officer

CCR SECTION / RULE

3005 (C)

YOUR ROLE

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)

☒ PRIMARY

(S) T. Holmes

(S) I'm Bloodsaw P 20045

☐ RESPONDER

(S) C. Chapman

☐ WITNESS

(S) T. Wadsworth

☐ VICTIM☐ CAMERA

FORCE USED BY YOU

WEAPONS AND SHOTS FIRED BY YOU

CHEMICAL AGENTS USED BY YOU

☐ WEAPON☒ PHYSICAL☐ CHEMICAL☐ NONE

NO:

NO:

TYPE:

TYPE:

☐ MINI-14☐ 37 MM☐ 9 MM☐ 40 MM☐ 38 CAL☐ L8☐ SHOTGUN☐ 40 MULTI☐ HFWRs☐ BATON☒ N/A☐ OC☐ CN☐ CS☐ OTHER:☒ N/A

FORCE OBSERVED BY YOU

☐ WEAPON☒ PHYSICAL☐ CHEMICAL☐ NONE

EVIDENCE COLLECTED BY YOU

EVIDENCE DESCRIPTION

EVIDENCE DISPOSITION

BIO HAZARD

PPE

☐ YES☒ NO☒ N/A☒ N/A☐ YES☒ NO☐ YES☐ NO

REPORTING STAFF INJURED

DESCRIPTION OF INJURY

LOCATION TREATED (HOSPITAL / CLINIC)

FLUID EXPOSURE

SCIF 3301 / 3067 COMPLETED

☒ YES☐ NOCut on right Hand and left wrist, Pain in right knee
☐ N/A Knee☐ N/A☐ BODILY☐ UNKNOWN☐ OTHER:☒ N/A☒ YES☐ NO

NARRATIVE: ON 4.12.07 AT Approximately 1855 hours Correctional officer T. Holmes and I were attempting to issue inmate Bloodsaw his legal mail in the B8 officer station. I'm Bloodsaw seemed agitated when he entered the office. C/O Holmes and I both tried to counsel Bloodsaw on his earlier behavior. Bloodsaw was not receptive to the counseling and started yelling Fuck you, Fuck you you white motherfuckers, you can suck my dick. C/O Holmes gave Bloodsaw a direct order to take it back to his cell. Bloodsaw left the office still yelling and cussing. I was escorting Bloodsaw back to A section, when approximately 2 feet before the section door Bloodsaw turned left into a bladed stance. I ordered

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

DATE

J. C. Thom

C/O

45669

4.12.07

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

D. P. ...

4-12-07

☒ YES ☐ NO☐ YES ☐ NO

DEPARTMENT OF CORRECTIONS AND REHABILITATION

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT
PART C1- SUPPLEMENT
CDCR 837-C1 (Rev. 07/05)

PAGE 2 OF 2

INCIDENT LOG NUMBER

PBP-008-07-04-014

NAME: LAST

Thom

FIRST

JAMES

MI

C

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

NARRATIVE:

Bloodsaw to get down, instead Bloodsaw took a step towards me. I grabbed Bloodsaw by the front of his shirt with my right hand and wrapped my left arm around his upper body pulling ~~down~~ Bloodsaw down with the help of C/O Holmes we placed Bloodsaw on the floor in a prone position. Bloodsaw continued to fight refusing numerous orders to cuff up. I pulled Bloodsaw's right arm behind his back so C/O Holmes could place Bloodsaw in Handcuffs. It should be noted that before the leg irons were placed on Bloodsaw's legs he kicked me in the right knee. C/O's C. Chapman and T. Wadsworth escorted Bloodsaw to the Hobby shop. I was seen by medical staff for injuries to my hands and right knee A 7219 Form was completed. This ends my involvement in this incident

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

J. C. Thom

TITLE

C/O

BADGE #

45669

DATE

4.12.07

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT
PART C - STAFF REPORT
 CDCR 837-C (Rev. 07/05)
PAGE 1 OF 2

INCIDENT LOG NUMBER

PBP-B0807-04-0144

NAME: LAST

SILVA

FIRST

J-

MI
B.

INCIDENT DATE

4-12-07

INCIDENT TIME

1855

POST #

371580

POSITION

BQ CONTROL

YEARS OF SERVICE

4

Years

Months

DATE OF REPORT

4-12-07

LOCATION OF INCIDENT

BQ ROTUNDA

RDO's

F/S

DUTY HOURS

14-2200

DESCRIPTION OF CRIME / INCIDENT

BATTERY ON PEACE OFFICER

CCR SECTION / RULE

3005 (C)

YOUR ROLE

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)

☐ PRIMARY

(S) J. THOM

(S) C. CHAPMAN

(S) BLOODSAW P-20045

☐ RESPONDER

(S) T. HOLMES

☒ WITNESS

(S) L. NORTHRUP

☐ VICTIM

(S) T. WADSWORTH

☐ CAMERA

FORCE USED BY YOU

WEAPONS AND SHOTS FIRED BY YOU

CHEMICAL AGENTS USED BY YOU

☐ WEAPON☐ PHYSICAL☐ CHEMICAL☒ NONE

FORCE OBSERVED BY YOU

☐ WEAPON☐ PHYSICAL☐ CHEMICAL☒ NONE

NO:

NO:

TYPE:

☐ MINI-14☐ 37 MM☐ 9 MM☐ 40 MM☐ 38 CAL☐ L8☐ SHOTGUN☐ 40 MULTI☒ N/A☐ HFWS☐ BATON

TYPE:

☐ OC☐ CN☐ CS☐ OTHER:☒ N/A

EVIDENCE COLLECTED BY YOU

EVIDENCE DESCRIPTION

EVIDENCE DISPOSITION

BIO
HAZARD

PPE

☐ YES☒ NO☐ N/A☐ N/A☐ YES☐ NO☐ YES☐ NOREPORTING
STAFF INJURED

DESCRIPTION OF INJURY

LOCATION TREATED
(HOSPITAL / CLINIC)

FLUID EXPOSURE

SCIF 3301 / 3067
COMPLETED☐ YES☒ NO☒ N/A☒ N/A☐ BODILY☒ N/A☐ UNKNOWN☐ OTHER:☐ YES☒ NO**NARRATIVE:**

ON 4-12-07, I WAS ASSIGNED AS BQ CONTROL BOOTH OFFICER. AT APPROXIMATELY 1855 HOURS, I OPENED CELL 101 WHO IS OCCUPIED BY INMATE BLOODSAW P-20045 TO COME TO THE OFFICERS' STATION TO PICK UP HIS LEGAL MAIL. BLOODSAW WAS USING PROFANITY (FUCK YOU, SUCK MY DICK) WHILE TALKING WITH OFFICERS; J. THOM, T. HOLMES, AND NORTHRUP. AS BLOODSAW LEFT THE OFFICERS' STATION, OFFICER THOM WAS COUNSELING BLOODSAW ABOUT BEING DESRESPECTFUL AND YELLING. AS I WAS BY A SECTION CONTROL PANEL OPENING BLOODSAW'S CELL DOOR, I HEARD OFFICER THOM SAYING "GET DOWN!" THEN, I LOOKED DOWN INTO THE ROTUNDA AND I SAW OFFICER THOM WITH OFFICERS HOLMES AND NORTHRUP

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF

[Signature]

TITLE

C/O

BADGE #

67266

DATE

4-12-07

TITLE OF REVIEWER (PRINT / SIGNATURE)

[Signature]

DATE RECEIVED

4-12-07

APPROVED

☒ YES ☐ NO

CLARIFICATION NEEDED

☐ YES ☐ NO

DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT
PART C1- SUPPLEMENT
CDCR 837-C1 (Rev. 07/05)

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INCIDENT LOG NUMBER

PBP-B 08-07-04-0144

NAME: LAST

SILVA

FIRST

J.

MI

B

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

NARRATIVE:

ON THE GROUND TRYING TO CONTROL BLOODSAW. I IMMEDIATELY ACTIVATED MY PERSONAL ALARM AND WENT TO THE YARD DOOR PANEL AND OPEN THE YARD DOOR FOR RESPONDING STAFF TO ASSIST IN RESTRAINING BLOODSAW. OFFICER CHAPMAN ASKED ME FOR LEG RESTRAINTS WHICH, HE APPLIED TO BLOODSAW'S ANKLES. AFTER BLOODSAW WAS IN RESTRAINTS, HE WAS ESCORTED TO THE HOBBY SHOP ON B YARD BY OFFICERS CHAPMAN AND WADSWORTH. THIS CONCLUDED MY INVOLVEMENT WITH THIS INCIDENT.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

DATE

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

C/O

67266

4-12-07

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

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INCIDENT LOG NUMBER

PBP-B08-07-04-014

NAME: LAST

CHAPMAN

FIRST

C.

MI

J

INCIDENT DATE

04.12.07

INCIDENT TIME

1855

POST #

371568

POSITION

B-5 Control

YEARS OF SERVICE

4

Years

2

Months

DATE OF REPORT

04.12.07

LOCATION OF INCIDENT

BRAND - 8

RDO's

S/S

DUTY HOURS

14-22

DESCRIPTION OF CRIME / INCIDENT

BATTERY ON PEACE OFFICER

CCR SECTION / RULE

3005(C)

YOUR ROLE

☐ PRIMARY☒ RESPONDER☐ WITNESS☐ VICTIM☐ CAMERA

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)

S) J. THOM C/O

T. HOLMES C/O

L. NORTHRUP C/O

T. WADSWORTH C/O

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)

S) BLOODSAW

P-20045

FORCE USED BY YOU

☐ WEAPON☐ PHYSICAL☐ CHEMICAL☒ NONE

FORCE OBSERVED BY YOU

☐ WEAPON☐ PHYSICAL☐ CHEMICAL☒ NONE

WEAPONS AND SHOTS FIRED BY YOU

NO:

NO:

TYPE:

☐ MINI-14☐ 9 MM☐ 38 CAL☐ SHOTGUN☒ N/A☐ 37 MM☐ 40 MM☐ LB☐ 40 MULTI☐ HFWRS☐ BATON

CHEMICAL AGENTS USED BY YOU

TYPE:

☐ OC☐ CN☐ CS☐ OTHER:☒ N/A

EVIDENCE COLLECTED BY YOU

☐ YES☒ NO

EVIDENCE DESCRIPTION

☒ N/A

EVIDENCE DISPOSITION

☒ N/A

BIO HAZARD

☐ YES☒ NO

PPE

☐ YES☒ NO

REPORTING STAFF INJURED

☐ YES☒ NO

DESCRIPTION OF INJURY

☒ N/A

LOCATION TREATED (HOSPITAL / CLINIC)

☒ N/A

FLUID EXPOSURE

☐ BODILY☐ UNKNOWN☐ OTHER:☒ N/A

SCIF 3301 / 3067 COMPLETED

☐ YES☒ NO

NARRATIVE: ON 04.12.07 AT APPROXIMATELY 1855 HOURS, I RESPONDED TO AN ALARM IN B-8. UPON ENTERING THE ROTUNDA I SAW AN INMATE LATER IDENTIFIED AS BLOODSAW P-20045 B8.101L ON THE GROUND IN RESTRAINTS. OFFICER J. THOM WAS HOLDING DOWN BLOODSAW'S UPPER BODY ON THE RIGHT SIDE OF BLOODSAW. C/O T. HOLMES WAS HOLDING DOWN BLOODSAW'S UPPER LEFT SIDE. C/O L. NORTHRUP WAS HOLDING DOWN BLOODSAW'S LEGS. I PLACED LEG IRONS ON BLOODSAW AND C/O T. WADSWORTH AND I ESCORTED BLOODSAW TO B-HOBBY SHOP AND PLACED HIM HOLDING CELL NUMBER ONE. THIS CONCLUDES MY REPORT.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF

C/O C. Chapman

TITLE

C/O

BADGE #

67065

DATE

04.12.07

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

A. P. [Signature]

DATE RECEIVED

4-12-07

APPROVED

☒ YES ☐ NO

CLARIFICATION NEEDED

☐ YES ☐ NO

DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT
PART C - STAFF REPORT
 CDCR 837-C (Rev. 07/05)
PAGE 1 OF 2

INCIDENT LOG NUMBER

PBP. B08-07-04-0144

 NAME: LAST WADSWORTH FIRST T MI P INCIDENT DATE 4-12-07 INCIDENT TIME 1855

 POST # 371621 POSITION B7 FLOOR #2 YEARS OF SERVICE 12 Years 10 Months DATE OF REPORT 4-12-07 LOCATION OF INCIDENT B8 ROTUNDA

 RDO's S/S DUTY HOURS 1400-2200 DESCRIPTION OF CRIME / INCIDENT BATTERY ON A PEACE OFFICER CCR SECTION / RULE 3005(c) ☐

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input type="checkbox"/> PRIMARY	(S) J. THOM C/O	(S) BLOODSAW
<input checked="" type="checkbox"/> RESPONDER	(S) T. HOLMES C/O	P-20045
<input type="checkbox"/> WITNESS	(S) L. NORTHRUP C/O	B8-101L
<input type="checkbox"/> VICTIM		
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS AND SHOTS FIRED BY YOU	CHEMICAL AGENTS USED BY YOU
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE	NO: NO: TYPE: <input type="checkbox"/> MINI-14 <input type="checkbox"/> 37 MM <input type="checkbox"/> 9 MM <input type="checkbox"/> 40 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> L8 <input type="checkbox"/> SHOTGUN <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A <input type="checkbox"/> HFWRS <input type="checkbox"/> BATON	TYPE: <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NARRATIVE: ON THURSDAY, APRIL 12TH 2007 AT APPROXIMATELY 1855 HOURS WHILE WORKING AS B7 FLOOR OFFICER #2, I RESPONDED TO A PERSONEL ALARM IN UNIT B8. AS I ENTERED THE ROTUNDA AREA OF B8, I OBSERVED THREE OFFICERS AND ONE INMATE ON THE FLOOR NEXT TO HOLDING CELL NUMBER TWO. OFFICER J. THOM WAS HOLDING THE UPPER ^{RIGHT SIDE} LEFT SIDE OF INMATE BLOODSAW P-20045 AGAINST THE FLOOR. OFFICER T. HOLMES WAS HOLDING THE UPPER ^{LEFT SIDE} RIGHT SIDE OF BLOODSAW AGAINST THE FLOOR. OFFICER L. NORTHRUP WAS HOLDING BLOODSAW'S LEGS DOWN. I NOTICED THAT BLOODSAW HAD ALREADY BEEN PLACED IN HANDCUFFS, WHEN OFFICER C. CHAPMAN PLACED LEG RESTRAINTS ON BLOODSAW. OFFICER C. CHAPMAN AND MYSELF ESCORTED BLOODSAW OUT OF THE UNIT AND PLACED HIM

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <u>T. WADSWORTH</u>	TITLE <u>C/O</u>	BADGE # <u>49538</u>	DATE <u>4-12-07</u>
---	---------------------	-------------------------	------------------------

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <u>A. Rep. of SET / To Diet</u>	DATE RECEIVED <u>4/12/07</u>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
---	---------------------------------	---	--	------

29

DEPARTMENT OF CORRECTIONS AND REHABILITATION

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C1- SUPPLEMENT
CDGR 837-C1 (Rev. 07/05)PAGE 2 OF 2 INCIDENT LOG NUMBER
PBP-B08-07-04-0144

NAME: LAST

FIRST

MI

WADSWORTH,TP

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

NARRATIVE:

INTO "B" FACILITIES HOBIE SHOP AND INTO HOLDING
CELL NUMBER ONE☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

DATE

T. W. [Signature]C/O495384-12-07

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION <i>FBSP</i>	FACILITY/UNIT <i>B8</i>	REASON FOR REPORT (circle) <i>USE OF FORCE</i>	INJURY UNUSUAL OCCURRENCE	ON THE JOB INJURY PRE AD/SEG ADMISSION	DATE <i>4-12-07</i>
THIS SECTION FOR INMATE ONLY	NAME LAST <i>BOORCAW</i>	FIRST <i>THEODORE</i>	CDC NUMBER <i>P20045</i>	HOUSING LOC. <i>B8-101</i>	NEW HOUSING LOC.
THIS SECTION FOR STAFF ONLY	NAME LAST	FIRST	BADGE #	RANK/CLASS	ASSIGNMENT/RDOs
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOB	OCCUPATION
HOME ADDRESS		CITY	STATE	ZIP	HOME PHONE
PLACE OF OCCURRENCE <i>B8 ROTUNDA</i>	DATE/TIME OF OCCURRENCE <i>4-12-07 - 1855</i>		NAME OF WITNESS(ES) <i>CUSTODY STAFF</i>		
TIME NOTIFIED <i>1855</i>	TIME SEEN <i>1900</i>	ESCORTED BY	MODE OF ARRIVAL (circle) <i>AMBULATORY</i>	LITTER ON SITE	WHEELCHAIR
			AGE <i>48</i>	RACE <i>B</i>	SEX <i>M</i>

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

"My neck hurts" "My knee hurts"

INJURIES FOUND? YES/NO

Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Slash	9
O.C. Spray Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Swollen Area	16
Other	17

	18
	19

O.C. SPRAY EXPOSURE? YES/NO

DECONTAMINATED? YES/NO

Self-decontamination
instructions given? YES/NO

Refused decontamination? YES/NO

Q 15 min. checks N / A

Staff issued exposure packet? YES/NO

RN NOTIFIED/TIME

BALES RN/1920

PHYSICIAN NOTIFIED/TIME

N/A

TIME/DISPOSITION

*2010 / Returned to cell from CT,**(Now - CCMS patient)*

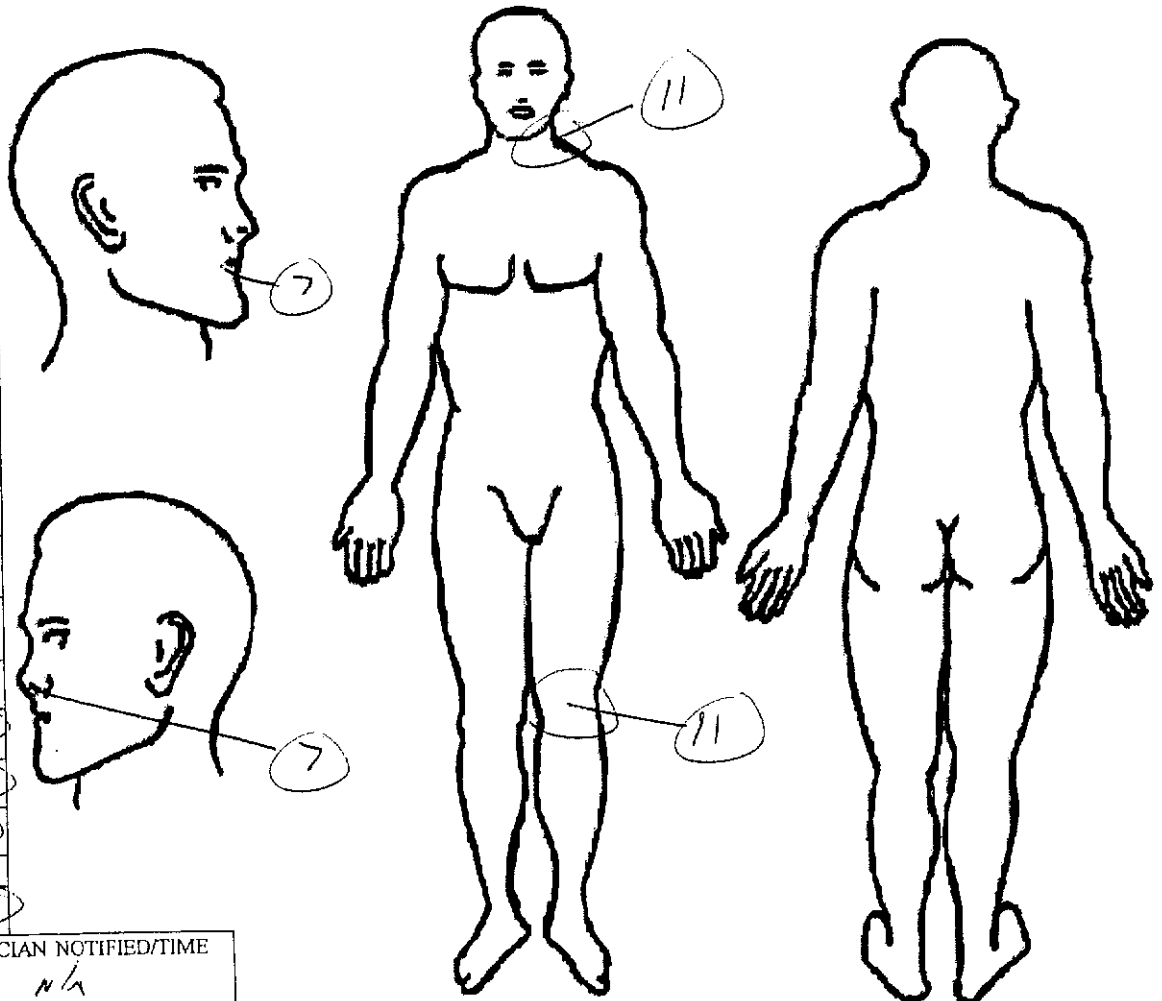
REPORT COMPLETED BY/TITLE (PRINT AND SIGN)

J. Keys / MTA

BADGE #

71765

RDOs

M/T

6 . . .

DA# 07040144

Agency: PBSP

5/31

SPACE BELOW FOR USE OF COURT CLERK ONLY

DISTRICT ATTORNEY
County of Del Norte
450 H Street #171
Crescent City, California
Phone (707) 464-7210

SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL NORTE
DEL NORTE JUDICIAL DISTRICT

THE PEOPLE OF THE STATE OF CALIFORNIA

Plaintiffs,

vs.

THEOPRIC BLOODSAW, P-20045

Defendant.

COMPLAINT

Att: ~~THEOPRIC~~
ALEXANDER
COURT DATE
6-14-07

The DISTRICT ATTORNEY of the County of Del Norte, State of California, hereby charges the DEFENDANT with having committed, in the County of Del Norte, the crime of:

COUNT 1.

BATTERY ON CORRECTIONAL OFFICER, in violation of Section 4501.5 of the Penal Code, a felony.

On or about April 12, 2007, the Defendant did willfully and unlawfully being a person confined in a state prison of this state, commit a battery upon the person of Correctional Officer J. Thom, an individual who is not himself a person confined therein. (Kicked in Knee)

COUNT 2.

RESISTING EXECUTIVE OFFICER, in violation of Section 69 of the Penal Code, a FELONY.

On or about April 12, 2007, the Defendant did willfully, unlawfully and knowingly resist executive officers, to-wit: Correctional Officers J. Thom and T. Holmes, in the performance of their duty by the use of force and violence.

7 . . .

SPECIAL ALLEGATION OF A PRIOR-ANY FELONY, in violation of section 667.5(b) of the Penal Code.

It is further alleged that Defendant was, on the 17th day of September, 1997, in the Superior Court of the State of California, for the County of Los Angeles, convicted of the crime of Possession of a Controlled Substance, a felony, in violation of section 11350(a) of the Health and Safety Code, case number YA034031, and that he then served a prison term for said offense, and that he did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term within the meaning of Penal Code Section 667.5(b).

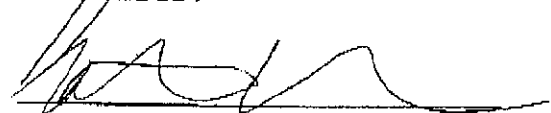
SPECIAL ALLEGATION OF A PRIOR-ANY FELONY, in violation of section 667.5(b) of the Penal Code.

It is further alleged that Defendant was, on the 4th day of April, 2003, in the Superior Court of the State of California, for the County of Los Angeles, convicted of the crime of Assault on a Peace Officer, a felony, in violation of section 245(c) of the Penal Code, case number YA053506, and that he then served a prison term for said offense, and that he did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term within the meaning of Penal Code Section 667.5(b).

SPECIAL ALLEGATION, within the meaning of Penal Code sections 1170.12 and 667(b) through 667(i) inclusive.

It is further alleged that said defendant was convicted on the 4th day of April, 2003, of Criminal Threats, in violation of section 422 of the Penal Code, in Los Angeles County, State of California, within the meaning of Penal Code sections 1170.12 and 667(b) to 667(i) inclusive.

I so swear, under penalty of perjury, on May 25, 2007, at Crescent City, California, that the foregoing is true and correct on information and belief.



Katherine Micks, DEPUTY DISTRICT ATTORNEY

FILED

MAY 30 2007

SUPERIOR COURT OF CALIFORNIA
COUNTY OF DEL NORTE

MICHAEL D. RIESE
DISTRICT ATTORNEY
Courthouse - 450 H Street
Crescent City, CA 95531
Telephone: (707) 464-7210

SUPERIOR COURT, OF CALIFORNIA

COUNTY OF DEL NORTE

PEOPLE OF THE STATE OF CALIFORNIA,
Plaintiff,

vs.

THEOPRIC BLOODSAW, P-20045
Defendant.

CASE NUMBER:

CRP307-5089

ORDER FOR TRANSPORT
VIDEO

COURT DATE: May 31, 2007
TIME: 8:00 a.m.

TO THE WARDEN OF PELICAN BAY STATE PRISON:

IT IS HEREBY ORDERED that Theopric Bloodsaw, P-20045, be produced in the Superior court for prosecution or examination for an offense triable in the Superior court, and that Pelican Bay State Prison is to transport said person to the Video Arraignment Room located at Pelican Bay State Prison, on May 31, 2007 at 8:00 a.m., for arraignment or other proceedings.

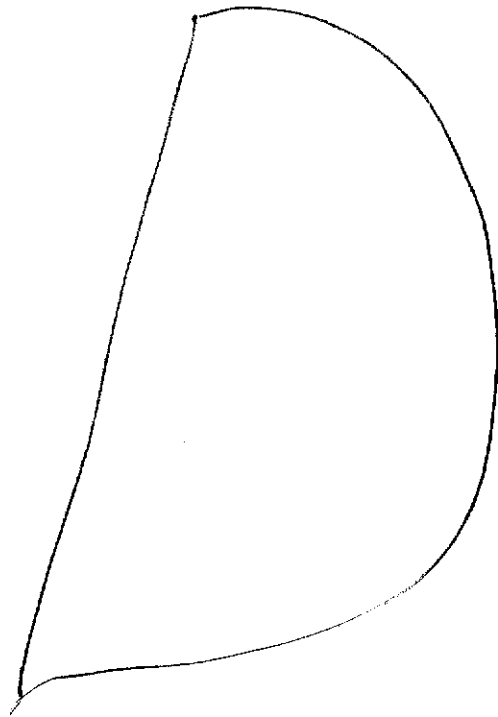
IT IS FURTHER ORDERED that said inmate continue to be transported for appearances at the Del Norte County courthouse, Crescent City, Calif. until the conclusion of his case.

DATED: MAY 30 2007

JUDGE OF THE SUPERIOR COURT

WILLIAM H FOLLETT

EXHIBIT



STATE OF CALIFORNIA
 DISABILITY PLACEMENT PROGRAM VERIFICATION (DPPV)
 CDC 1845 (Rev. 01/04)

DEPARTMENT OF CORRECTIONS
 CHECK ALL APPLICABLE BOXES

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME: BLOODSAW	CDC NUMBER: P20045	INSTITUTION: PBSP	HOUSING ASSIGNMENT: A2 202L	DATE FORM INITIATED: 8/1/07
---------------------------------	------------------------------	-----------------------------	---------------------------------------	---------------------------------------

Sections A - B to be completed by licensed medical staff.

SECTION A: REASON FOR INITIATION OF FORM		SECTION B: DISABILITY BEING EVALUATED	
<input checked="" type="checkbox"/> Inmate self-identifies to staff	<input type="checkbox"/> Third party evaluation request	<input type="checkbox"/> Blind/Vision Impaired	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Observation by staff	<input type="checkbox"/> Medical documentation or Central File information	<input checked="" type="checkbox"/> Deaf/Hearing Impaired	<input type="checkbox"/> Mobility Impaired

Sections C - G to be completed by a physician only.

SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT	SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT
1. <input type="checkbox"/> FULL TIME WHEELCHAIR USER - DPW Requires wheelchair accessible housing and path of travel. 2. <input type="checkbox"/> INTERMITTENT WHEELCHAIR USER - DPO Requires lower bunk, wheelchair accessible path of travel and does not require wheelchair accessible cell. 3. <input type="checkbox"/> MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel. 4. <input type="checkbox"/> DEAF/HEARING IMPAIRMENT - DPH Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements. 5. <input type="checkbox"/> BLIND/VISION IMPAIRMENT - DPV Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E). 6. <input type="checkbox"/> SPEECH IMPAIRMENT - DPS Does not communicate effectively speaking or in writing.	1. NO CORRESPONDING CATEGORY 2. NO CORRESPONDING CATEGORY 3. <input type="checkbox"/> MOBILITY IMPAIRMENT (Lower Extremities) - DNM Walks 100 yards without pause with or without assistive devices. <input type="checkbox"/> No Housing Restrictions <input type="checkbox"/> See HOUSING RESTRICTIONS in Section E <input type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel. <u>Do not place at:</u> CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C: _____) 4. <input checked="" type="checkbox"/> HEARING IMPAIRMENT - DNH With residual hearing at a functional level with hearing aid(s). 5. NO CORRESPONDING CATEGORY 6. <input type="checkbox"/> SPEECH IMPAIRMENT - DNS Does not communicate effectively speaking, but does when writing.

SECTION E: ADDITIONAL MEDICAL INFORMATION

CSR ALERT:

- ☐ Requires relatively level terrain and no obstructions in path of travel
☐ Complex medical needs affecting placement ☐ CDC 128-C _____

HEALTH CARE APPLIANCE / IDENTIFICATION VEST:

- ☐ Cane ☐ Crutch ☐ Walker ☐ Leg/Arm prosthesis ☐ Vest
☐ Other: _____ ☐ CDC 128-C(s) dated: _____

ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

- ☐ Feeding or Eating ☐ Bathing ☐ Grooming ☐ W/C transferring
☐ Toileting ☐ Other: _____ ☐ CDC 128-C(s) dated: _____

OTHER DPP DESIGNATIONS:

- ☐ NONE _____
 CODE DATED CODE DATED

HOUSING RESTRICTIONS:

- ☐ Lower bunk ☐ No stairs ☐ No triple bunk. CDC 128-C(s) dated: _____

SECTION F: EXCLUSIONS

- ☐ VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT claimed disability. (Explain in Comments Section and CDC 128-C dated: _____)
☐ REMOVAL FROM A DPP CODE: Removal from previous DPP code: _____. (Explain in Comments Section and CDC 128-C dated: _____)
☐ REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): _____. (Explain in Comments Section and CDC 128-C dated: _____)

SECTION G: EFFECTIVE COMMUNICATION FACTORS

- ☐ Uses Sign Language Interpreter (SLI) ☐ Reads Braille ☐ Communicates with written notes ☐ Requires large print or magnifier
☐ Reads lips ☒ NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

Has good function & hearing aids - does not need vest		
PHYSICIAN'S NAME (Print) M.C. SAYRE	PHYSICIAN'S SIGNATURE <i>MC Sayre</i>	DATE SIGNED 8/1/07
HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print) M.C. SAYRE	HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE <i>MC Sayre</i>	DATE SIGNED 8/1/07

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the OHR, send the inmate copy via institutional and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

State of California

DEPARTMENT OF CORRECTIONS
CDC 128-B

NAME and NUMBER Bloodsaw, P20045

This inmate has been identified as: ☐ DPH ☒ DNH ☐ DPS ☐ DNS and was interviewed as indicated below:

☒ The inmate was/was not interviewed with the assistance of a qualified sign language interpreter.

Name of sign language interpreter _____

Primary method: (Check one) (This method shall be used for due process, delivery of health care, inmate appeals and CDC 1515)

☐ American Sign Language ☐ Sign Exact English ☐ Other sign language: _____ ☐ Written notes

☐ Reads Lips ☒ Hearing aide(s) ☐ Assistive listening device

Alternative method(s): (Check all that apply)

I/m Request a Vest to Identify his Hearing impairment

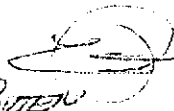
☐ American Sign Language ☐ Sign Exact English ☐ Other sign language: _____ ☐ Written notes

☐ Reads Lips ☐ Hearing aide(s) ☐ Assistive listening device ☒ None

V.Y. France, Sgt.
Interviewer's Name

V.Y. France, Sgt.
Interviewer's Signature

X.T. Bloodsaw
Inmate's Signature



DATE: 8/16/07 NOTE - VEST ISSUED 8/17/07 CAPTAIN C. PATEAU INST: P.BSO

EQUALLY EFFECTIVE COMMUNICATION FOR HEARING/SPEECH IMPAIRED

2001 SUSON

2515 6 11ND JND GTHWH

02:21

1007/91/80

PB Patient Information System
Health Care Services Unit Chrono

Name: BLOODSAW, THEOPRIC	CDC #: P20045	Hsg: A02U 202L	Date: 08-23-2007	
Instruction Type	Start Dt	End Dt	Provider ID	Provider
LOWER BUNK	08-29-2006 0848	08-29-2007 0848	MPIMSCLMC	MALO-CLINES, FNP
SHORT BEARD CHRONO	03-07-2007 0901	03-06-2008 0901	MPIMSBAF	FELLOWS, RN

Distribution: Health Record Housing Unit CCII File Inmate

*** When Appropriate, a copy shall be forwarded to Specific Clinic

Name: BLOODSAW, THEOPRIC	CDC #: P20045	Date: 08-23-2007
--------------------------	---------------	------------------

NAME: • Bloodsaw

NUMBER P20045

HOUSING

PBSP-LAB-001

A2-202L

PELICAN BAY STATE PRISON

HEALTH CARE SERVICES UNIT

NOTIFICATION TO PATIENT OF LABORATORY TEST RESULTS

TEST DATES: 9/10/07

TYPE OF TEST:
(circle test type)BASIC BLOOD TESTS
OTHER:

HEPATITIS SCREEN

X-RAY

EKG

Pelvis, hips, L-spine

YOUR TEST RESULTS WERE EVALUATED BY A PHYSICIAN AS FOLLOWS:

- ☐ Your test result is essentially within normal limits. No physician follow-up is required.
- ☐ Your test result remains unchanged and will be reviewed with you at your next Chronic Care Appointment.
- ☒ Your test result is not within normal limits. You will be scheduled to discuss the results with a physician.
- ☐ Your test result is not within normal limits. Further studies are required and have been scheduled for you. You will receive further information on this study at a later date.

PHYSICIAN REMARKS

Your xrays are good

Malo-Clines Cheryl, M.D.

1. HEALTH RECORD COPY
2. PATIENT COPY
3. PHYSICIAN COPY

CML

Physician & Surgeon

09-17-07

Date & Time

CONFIDENTIAL

NAME :

NUMBER

HOUSING

PBSP-LAB-001

NAME: • Bloodsaw

NUMBER P20045

HOUSING
ASU-E1

PBSP-LAB-001

PELICAN BAY STATE PRISON

HEALTH CARE SERVICES UNIT

NOTIFICATION TO PATIENT OF LABORATORY TEST RESULTS

TEST DATES: 10/18/07

TYPE OF TEST:
(circle test type)BASIC BLOOD TESTS
OTHER:

HEPATITIS SCREEN

X-RAY

EKG

pelvis + Lt. hip


YOUR TEST RESULTS WERE EVALUATED BY A PHYSICIAN AS FOLLOWS:

- ☐ Your test result is essentially within normal limits. No physician follow-up is required.
- ☐ Your test result remains unchanged and will be reviewed with you at your next Chronic Care Appointment.
- ☐ Your test result is not within normal limits. You will be scheduled to discuss the results with a physician.
- ☐ Your test result is not within normal limits. Further studies are required and have been scheduled for you. You will receive further information on this study at a later date.

PHYSICIAN REMARKS

unchanged

1. HEALTH RECORD COPY
2. PATIENT COPY
3. PHYSICIAN COPY


 Physician & Surgeon

 11-11-07
 Date & Time
CONFIDENTIAL

NAME :

NUMBER

HOUSING

PBSP-LAB-001

California State Prison Corcoran

RADIOLOGY REPORT

NAME: BLOODSAW, Theopric NUMBER: E-40947 DATE: 12/17/92

DOCTOR: Hoffman HOUSING: 4B

SKULL SERIES, C-SPINE.

HISTORY: Blow to head 1977. Dizziness daily since.

SKULL SERIES.

I see no fracture, sinuses clear.

IMPRESSION: Unremarkable skull series.

CERVICAL SPINE.

Films continue to show loss of normal cervical lordosis. There is narrowing of the C-5/6 disc with some straightening of curvature at this level, no change since previous, no fractures or destructive processes seen.

IMPRESSION: Abnormal C-5/6 interspace. No other significant findings identified.



Mario Deguchi, M.D./Jay Grauman, M.D. 

Dictated: 12/22/92 ls/JG
Original: Medical Chart
cc: X-Ray Jacket

California State Prison Corcoran

RADIOLOGY REPORTNAME: BLOODSAW, Theopric NUMBER: E-40947 DATE: 10/20/92DOCTOR: Brown HOUSING: 4B

CERVICAL SPINE FILM SERIES WITH OBLIQUES.

Radiographic examination of the cervical spine was obtained. There is either a superimposed position artifact or non-displaced fracture at the lateral left lateral corner of C-1. It is visible on the frontal projection. Further evaluation by obtaining follow-up radiographic examination may be of value. Otherwise there is no evidence of acute fracture or dislocation. Vertebral body statures are well maintained. Narrowing of C-5/C-6 intervertebral disc space with osteophytes is appreciated. This is consistent with degenerative disc disease. Neural canal are patent. Prevertebral soft tissue structures appear unremarkable. Mild reversal of cervical curvature is noted. This may be secondary to positioning or muscle spasms.

IMPRESSION: (1) Reversal of cervical curvature. (2) Degenerative disc disease. (3) Fractures verses superimposed position artifact of C-1 as described, Follow up Lateral + open mouth view Rx.

WM
Mario Deguchi, M.D./Jay Grauman, M.D.

Dictated: 10/22/92 ls/MD

Original: Medical Chart

cc: X-Ray Jacket

X-RAY REPORT

4-9-99

m

DEPARTMENT OF CORRECTIONS
CORRECTIONAL TRAINING FACILITY

NAME: BLOODSAW, THEOPRIC CDC #: P-20045 CELL: D4/025U DOB: 06/24/58 DATE: 02/26/99

EXAM REQUESTED:
PA AND LATERAL CHEST

CLINICAL DATA:
OLD GSW, LEFT THORAX

REFERRING PHYSICIAN:
D. GINES, M.D.

RADIOGRAPHIC REPORT:

CHEST: PA AND LATERAL VIEWS OF THE CHEST ARE OBTAINED ON 02/26/99.

MULTIPLE METALLIC FRAGMENTS ARE NOTED OVERLYING AND WITHIN THE UPPER LEFT HEMITHORAX, CONSISTENT WITH A PREVIOUS GUNSHOT INJURY. BOTH LUNGS ARE WELL EXPANDED AND CLEAR. THERE IS NO EVIDENCE OF ANY ACTIVE PULMONARY PATHOLOGY. THE HEART IS NORMAL IN SIZE AND CONTOUR. THERE IS NO MEDIASTINAL ADENOPATHY.

IMPRESSION:

THERE IS EVIDENCE OF A PREVIOUS OLD GUNSHOT INJURY INVOLVING THE LEFT UPPER HEMITHORAX. NO ACTIVE CARDIOPULMONARY PATHOLOGY IS SEEN. THERE ARE NO PREVIOUS FILMS AVAILABLE FOR COMPARISON.

03/02/99
DATE READ

NELSON PARKER, M.D.
RADIOLOGIST

NHP/gj
DATE TYPED: 04/07/99



X-RAY REPORT
DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES



8/17
Flu

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A4-226 DOB: 06/25/58 DATE: 07/23/04

EXAM REQUESTED: CERVICAL SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: HISTORY OF PAIN.

RADIOGRAPHIC REPORT: CERVICAL SPINE

FINDINGS: There is mild a reversal of the normal cervical lordosis.

Moderate degenerative disc disease is noted at the C5-6 and C6-C7 levels manifest by disc space narrowing and marginal osteophyte formation.

IMPRESSION: MODERATE DEGENERATIVE DISC DISEASE AT C5-6 AND C6-C7.

ORIGINAL

gt
8-11-04

07/28/04
DATE READ

dr
CURTIS COULAM, M.D.
RADIOLOGIST

DLK
TRANSCRIBER



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-125 DOB: 6/25/58 DATE: 02/22/05

EXAM REQUESTED: CERVICAL SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: CERVICAL SPINE

FINDINGS: Comparison to a previous study dated 7/23/04.

On the current study the soft tissues are unremarkable.

There is a mild reversal of the cervical lordosis centered at C5-6. There is mild anterior subluxation of C4 with respect to C5 which was not present on the previous study.

Degenerative discs at C5-6 and C6-7 again noted and show little change compared to the previous study.

IMPRESSION:

1. REDEMONSTRATION OF DEGENERATIVE DISC DISEASE AT C5-6 AND C6-7 WHICH APPEAR STABLE.
2. THERE IS MILD ANTERIOR SUBLUXATION OF C4 WITH RESPECT TO C5 OF APPROXIMATELY 2 MM WHICH WAS NOT SPECIFICALLY PRESENT ON THE FILMS OF 7/23/04.

ON THE OBLIQUE VIEWS POSTERIOR OSTEOPHYTES PARTIALLY ENCROACH ON THE INTERVERTEBRAL FORAMINA AT THE C5-6 LEVEL BILATERALLY.

02/22/05

DATE READ

CURTIS COULAM, M.D.

RADIOLOGIST

BGR

TRANSCRIBER



X-RAY REPORT
DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES



NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-125 DOB: 6/25/58 DATE: 02/22/05

EXAM REQUESTED: 3 VIEW LUMBAR SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: 3 VIEW LUMBAR SPINE

FINDINGS: The lumbar vertebra are normally aligned and the disc spaces are well maintained. No compression fractures are evident. There are no arthritic changes.

IMPRESSION: NORMAL LUMBAR SPINE.

EXAM REQUESTED: LEFT HIP

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: LEFT HIP

FINDINGS: 4-5 tiny metallic fragments are noted in the soft tissues lateral to the hip joint. These all appear to be extra articular.

The femoral head is normally developed and normally located in the acetabulum. The joint space is well preserved. No significant arthritic changes are evident.

IMPRESSION: TINY METALLIC FOREIGN BODIES IN THE SOFT TISSUES LATERAL TO THE HIP. THE HIP, PER SE IS UNREMARKABLE.

02/22/05
 DATE READ

CURTIS COULAM, M.D.
 RADIOLOGIST

BGR
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NAME Bloodsaw NUMBER E40947 AGE 32 DATE 12/17/90
X-RAY REQUESTED Left hip PHYSICIAN A. C. Pedley, M.D.

REPORT:

The left hip is negative for evidence of acute fracture or dislocation.
There are several bullet fragments overlying the soft tissues lateral to the left hip joint space and suggested slight increased narrowing of the left hip joint space medially.

RJB: ck
d: 12/18/90
t: 12/18/90

AS
ROBERT J. BEMRICK, M.D.
RADIOLOGIST

S.C.C. X-RAY REPORT

NAME Bloodsaw NUMBER E40947 AGE 31 DATE 2/16/90
X-RAY REQUESTED Upper GI Series PHYSICIAN F. J. Foster, M.D.

REPORT:

The preliminary film of the abdomen shows no evidence of acute intra-abdominal disease or other significant abnormality except for a developmental or possibly old minor post-traumatic deformity involving the right transverse process of the fourth lumbar vertebra.

The examination was performed without the aid of fluoroscopy. There appears to be increased prominence of the partially visualized distal antral and pyloric folds and there is deformity of the duodenal bulb with inflammatory thickening of the duodenal bulb and post-bulbar folds. The visualized upper intestinal tract is otherwise within normal limits and shows no evidence of peptic ulceration.

CONCLUSIONS: Findings consistent with nonerosive antral gastritis and duodenitis.

No evidence of peptic ulceration involving the upper intestinal tract.

'B: ck
2/27/90
3/2/90

S.C.C. X-RAY REPORT

AS
Robert J. Bemrick, M.D.
Radiologist

LABORATORY REPORTS

DEPARTMENT OF CORRECTIONS
COC-EAST HOSPITALNAME: BLOODSAW, THEO NUMBER: E-40947 ROOM: 4190X AGE: 37Date Taken: 9-15-95 Date Read: 09/15/95 Ordering M.D.: MISSONRADIOGRAPHIC REPORT: LEFT HIP

There is evidence of fracture. Minimal osteoarthritic spurring is present about the inferior margin of the femoral head.

pme

JBF:jag Date: September 16, 1995

J. FLEMING, M.D.

Date Taken: 3-30-95 Date Read: 3-31-95 Ordering M.D.: Stevig

RADIOGRAPHIC REPORT:

CHEST: There is no evidence of active pulmonary disease. Small metal fragments are present in the left upper chest.

JBF:co Date: March 31, 1995

J. B. Fleming, M.D. JF

X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-202L DATE: 05/10/07

EXAM REQUESTED: CERVICAL SPINE THREE VIEWS

REQUESTING M.D.: PCP CLINIC

CLINICAL DATA: HISTORY OF NECK PAIN.

RADIOGRAPHIC REPORT: CERVICAL SPINE THREE VIEWS

FINDINGS: This study is compared with films taken in June of 2005.

There is no obvious soft tissue swelling or calcifications. There is a focal reversal of the normal cervical lordosis with the apex this reversal is centered at C5. Mild arthritic changes are noted at C4-5. Moderate arthritic changes bordering on severe are noted at C5-6 and C6-7. At these levels there is endplate sclerosis, osteophyte formation and joint space narrowing. Lateral mass arthritic changes are noted at disc spaces above this. There is an unusual appearance of the symphysis of the mandible perhaps this is posttraumatic. This is probably unchanged from the preceding study. The degree of arthritic changes in the mid and lower cervical spine is thought to be mildly progressive when compared to the previous study in 2005.

IMPRESSION:

1. FOCAL MODERATE DEGENERATIVE ARTHRITIC CHANGES OF THE MID AND LOWER CERVICAL SPINE, I BELIEVE THEY ARE MILDLY PROGRESSIVE WHEN COMPARED TO THE PRECEDING STUDY.
2. FINDINGS AT C5-6 MAY BE CHARACTERIZED AS SEVERE.
3. I BELIEVE THAT THERE IS A POSTTRAUMATIC DEFORMITY OF THE SYMPHYSIS OF THE MANDIBLE THAT IS STABLE WHEN COMPARED TO THE PREVIOUS STUDY.

PTC

05/15/07

DATE READ

PHILIP GRIMM, M.D.

RADIOLOGIST

DLK

TRANSCRIBER

Malta - Charles Cheney, M.D.

X-RAY REPORT
DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-202L DATE: 09/10/07

EXAM REQUESTED: AP PELVIS AND BILATERAL HIPS, 2 FILMS/
3-VIEWS LUMBAR SPINE

REQUESTING M.D.: PCP

CLINICAL DATA: HISTORY NOT GIVEN

RADIOGRAPHIC REPORT: AP PELVIS AND BILATERAL HIPS, 2 FILMS

FINDINGS: This study is compared with a preceding examination from February 2005.

There are scattered areas of shrapnel in the area of the left gluteal region and hip. These are unchanged from the previous study, although they are reported to have been associated with the right hip at the time of the previous study. Perhaps one of these two exams has been mislabeled.

There is no soft tissue swelling or calcifications. The SI joints and hip joints appear normal bilaterally. The bony architecture is intact. There are no sclerotic or lytic changes.

IMPRESSION: NO ACUTE BONY TRAUMA OR ARTHRITIC CHANGES ARE RECOGNIZED. SCATTERED PRESUMED SHRAPNEL IS NOTED IN THE VICINITY OF WHAT IS THOUGHT TO BE THE LEFT HIP. OTHERWISE, NEGATIVE.

Philip Grimm

PHILIP GRIMM, M.D.
RADIOLOGIST

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JLP
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X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: ASU-E1 DATE: 10/18/07

EXAM REQUESTED:

AP OF PELVIS AND LATERAL EXAMINATION OF THE LEFT
HIP/THREE-VIEWS

REQUESTING M.D.:

PCP

CLINICAL DATA:

HISTORY OF PAIN

RADIOGRAPHIC REPORT:

AP OF PELVIS AND LATERAL EXAMINATION OF THE LEFT
HIP/THREE-VIEWS


FINDINGS:

This study is compared with films taken in September 2007.

In the approximately one month interval since the previous study, little if any change is seen. There is some minimal shrapnel in the immediate vicinity of the left hip, and it is possible that some of the shrapnel fragments are closely associated with the joint capsule, but none are thought to lie within the joint capsule. Mild arthritic changes are recognized, but the underlying bony architecture is intact, and no obvious acute pathology is seen. No obvious acute trauma is recognized. If there is persistent pain, perhaps a nuclear medicine bone scans or even an MRI study would be helpful.

IMPRESSION:

THE FINDINGS ARE SIMILAR TO THAT OF ONE MONTH
BEFORE. EVIDENCE OF PREVIOUS GUNSHOT WOUND
IN THE IMMEDIATE VICINITY OF THE LEFT HIP IS
SEEN, BUT NO ACUTE PATHOLOGY IS APPRECIATED.


PHILIP GRIMM, M.D.
RADIOLOGIST

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10/30/07
DATE READ

Complete

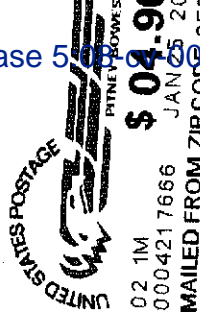
And

Correct

Thanks

NAME: BloodsAW/Neopric
C NO: P20045 HOUSING: ASU-E1

PELICAN BAY STATE PRISON
P.O. BOX 7500
CRESCENT CITY, CA 95532



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RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
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